

FORM  
5A

Rev  
06/12

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400321879

Date Received:

09/10/2012

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 46290  
2. Name of Operator: K P KAUFFMAN COMPANY INC  
3. Address: 1675 BROADWAY, STE 2800  
City: DENVER State: CO Zip: 80202  
4. Contact Name: Susana Lara-Mesa  
Phone: (303) 825-4822  
Fax: (303) 825-4825

5. API Number 05-123-32762-00  
6. County: WELD  
7. Well Name: Front Range  
Well Number: #11-17-7  
8. Location: QtrQtr: NESW Section: 17 Township: 4N Range: 66W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>		Status: <u>COMMINGLED</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>08/24/2012</u>		End Date: <u>08/24/2012</u>		Date of First Production this formation: <u>09/05/2012</u>	
Perforations	Top: <u>7561</u>	Bottom: <u>7578</u>	No. Holes: <u>51</u>	Hole size: <u>3/7</u>	

Provide a brief summary of the formation treatment: Open Hole: ☐

Break 3415 psi at 8.2 bpm  
 Max 5087 psi, 50.5 bpm  
 Average 4414 psi, 43.4 bpm  
 Load to recover 138695 gal

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): <u>3053</u>	Max pressure during treatment (psi): <u>5087</u>
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): _____
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>0.89</u>
Total acid used in treatment (bbl): <u>24</u>	Number of staged intervals: <u>1</u>
Recycled water used in treatment (bbl): _____	Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): <u>3302</u>	Disposition method for flowback: <u>DISPOSAL</u>
Total proppant used (lbs): <u>246656</u>	Rule 805 green completion techniques were utilized: <input type="checkbox"/>

Reason why green completion not utilized: \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

**Test Information:**

Date: _____	Hours: _____	Bbl oil: _____	Mcf Gas: _____	Bbl H2O: _____
Calculated 24 hour rate: _____	Bbl oil: _____	Mcf Gas: _____	Bbl H2O: _____	GOR: _____
Test Method: _____	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____	
Gas Disposition: _____	Gas Type: _____	Btu Gas: _____	API Gravity Oil: _____	
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____	

Reason for Non-Production:

Date formation Abandoned: \_\_\_\_\_ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt \_\_\_\_\_

\*\* Bridge Plug Depth: \_\_\_\_\_ \*\* Sacks cement on top: \_\_\_\_\_ \*\* Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/20/2012 End Date: 08/24/2012 Date of First Production this formation: 09/05/2012

Perforations Top: 7231 Bottom: 7578 No. Holes: 171 Hole size: 3/7

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): \_\_\_\_\_ Max pressure during treatment (psi): \_\_\_\_\_

Total gas used in treatment (mcf): \_\_\_\_\_ Fluid density at initial fracture (lbs/gal): \_\_\_\_\_

Type of gas used in treatment: \_\_\_\_\_ Min frac gradient (psi/ft): \_\_\_\_\_

Total acid used in treatment (bbl): \_\_\_\_\_ Number of staged intervals: \_\_\_\_\_

Recycled water used in treatment (bbl): \_\_\_\_\_ Flowback volume recovered (bbl): \_\_\_\_\_

Fresh water used in treatment (bbl): \_\_\_\_\_ Disposition method for flowback: \_\_\_\_\_

Total proppant used (lbs): \_\_\_\_\_ Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: \_\_\_\_\_

**Fracture stimulations must be reported on [FracFocus.org](http://FracFocus.org)**

**Test Information:**

Date: 09/05/2012 Hours: 24 Bbl oil: 16 Mcf Gas: 210 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 16 Mcf Gas: 210 Bbl H2O: 0 GOR: \_\_\_\_\_

Test Method: FLOWING Casing PSI: 1850 Tubing PSI: 0 Choke Size: \_\_\_\_\_

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1395 API Gravity Oil: 59

Tubing Size: \_\_\_\_\_ Tubing Setting Depth: \_\_\_\_\_ Tbg setting date: \_\_\_\_\_ Packer Depth: \_\_\_\_\_

Reason for Non-Production:

Date formation Abandoned: \_\_\_\_\_ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt \_\_\_\_\_

\*\* Bridge Plug Depth: \_\_\_\_\_ \*\* Sacks cement on top: \_\_\_\_\_ \*\* Wireline and Cement Job Summary must be attached.

FORMATION: NIORARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/24/2012 End Date: 08/24/2012 Date of First Production this formation: 09/05/2012

Perforations Top: 7231 Bottom: 7445 No. Holes: 120 Hole size: 3/7

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

Niobrara A-Bench Frac  
7344-7354  
7423-7428  
7438-7445

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 6218 Max pressure during treatment (psi): 5568

Total gas used in treatment (mcf): \_\_\_\_\_ Fluid density at initial fracture (lbs/gal): \_\_\_\_\_

Type of gas used in treatment: \_\_\_\_\_ Min frac gradient (psi/ft): 0.86

Total acid used in treatment (bbl): 24 Number of staged intervals: 2

Recycled water used in treatment (bbl): \_\_\_\_\_ Flowback volume recovered (bbl): \_\_\_\_\_

Fresh water used in treatment (bbl): 2934 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 294552 Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

**Test Information:**

Date: \_\_\_\_\_ Hours: \_\_\_\_\_ Bbl oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbl H2O: \_\_\_\_\_

Calculated 24 hour rate: \_\_\_\_\_ Bbl oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbl H2O: \_\_\_\_\_ GOR: \_\_\_\_\_

Test Method: \_\_\_\_\_ Casing PSI: \_\_\_\_\_ Tubing PSI: \_\_\_\_\_ Choke Size: \_\_\_\_\_

Gas Disposition: \_\_\_\_\_ Gas Type: \_\_\_\_\_ Btu Gas: \_\_\_\_\_ API Gravity Oil: \_\_\_\_\_

Tubing Size: \_\_\_\_\_ Tubing Setting Depth: \_\_\_\_\_ Tbg setting date: \_\_\_\_\_ Packer Depth: \_\_\_\_\_

Reason for Non-Production:

Date formation Abandoned: \_\_\_\_\_ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt \_\_\_\_\_

**\*\* Bridge Plug Depth: \_\_\_\_\_ \*\* Sacks cement on top: \_\_\_\_\_ \*\* Wireline and Cement Job Summary must be attached.**

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Susana Lara-Mesa

Title: Engineering Project Mgr Date: 9/10/2012 Email: slaramesa@kpk.com

### Attachment Check List

Att Doc Num	Name
1699157	WELLBORE DIAGRAM
400321879	FORM 5A SUBMITTED

Total Attach: 2 Files

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	Attached corrected wellbore diagram, deleted old one, and corrected Niobrara Perf information.	10/29/2012 8:19:38 AM
Permit	Requested clarification on the frac and perf data for the Niobrara Commingled panel and the producing panel.	10/23/2012 1:16:39 PM

Total: 2 comment(s)