

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

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

Completed Interval

FORMATION: CODELL 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: 7561 Bottom: 7578 No. Holes: 51 Hole size: 3/7

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): 3053 Max pressure during treatment (psi): 5087
Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____
Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.89
Total acid used in treatment (bbl): 24 Number of staged intervals: 1
Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): 3302 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 246656 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.

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

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

User Group	Comment	Comment Date
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)