

FORM
5
Rev
02/08

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:
400346487

Date Received:

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type Final completion Preliminary completion

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

5. API Number 05-123-11391-00 6. County: WELD
 7. Well Name: Strong Well Number: #1-7
 8. Location: QtrQtr: NESE Section: 22 Township: 5N Range: 66W Meridian: 6
 Footage at surface: Distance: 2033 feet Direction: FSL Distance: 684 feet Direction: FEL
 As Drilled Latitude: 40.383260 As Drilled Longitude: -104.758570

GPS Data:
 Date of Measurement: 11/14/2006 PDOP Reading: 2.3 GPS Instrument Operator's Name: J Rhoten

** If directional footage at Top of Prod. Zone Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____

Sec: _____ Twp: _____ Rng: _____

** If directional footage at Bottom Hole Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____

Sec: _____ Twp: _____ Rng: _____

9. Field Name: WATTENBERG 10. Field Number: 90750

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 10/03/1983 13. Date TD: 10/09/1983 14. Date Casing Set or D&A: 10/19/1983

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7350 TVD** _____ 17 Plug Back Total Depth MD 7325 TVD** _____

18. Elevations GR 4790 KB 4805 One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:
 CBL

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	8+5/8	24	0	324	280	0	324	VISU
1ST	7+7/8	4+1/2	11.6	0	7,325	225	0	7,325	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 10/30/2012

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	5,100	200	4,470	5,100
SQUEEZE	1ST	600	150	400	600
SQUEEZE	1ST	600	25	400	600

Details of work:

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
FOX HILLS BASE	1,420		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,384		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,849		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,864		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,203		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,224		<input type="checkbox"/>	<input type="checkbox"/>	
CARLILE	7,244		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Per Diana Burn's email dated 11-06-2012, remedial top of cement is acceptable based on Form 4 approved on 02-14-2012. Cement Bond Log is on a pdf copy attached.

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: _____ Email: slaramesa@kpk.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400349042	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400349041	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)