

**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



DE ET OE ES

Document Number:

400600760

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: Susana Lara-Mesa

2. Name of Operator: K P KAUFFMAN COMPANY INC

Phone: (303) 825-4822

3. Address: 1675 BROADWAY, STE 2800

Fax: (303) 825-4825

City: DENVER State: CO Zip: 80202

5. API Number 05-123-12665-00

6. County: WELD

7. Well Name: A.D. JEFFERS A

Well Number: 1

8. Location: QtrQtr: SWNW Section: 27 Township: 2N Range: 67W Meridian: 6

Footage at surface: Distance: 1980 feet Direction: FNL Distance: 660 feet Direction: FWL

As Drilled Latitude: 40.111060 As Drilled Longitude: -104.883860

## GPS Data:

Date of Measurement: 05/01/2014 PDOP Reading: 1.5 GPS Instrument Operator's Name: Bill Teter

\*\* If directional footage at Top of Prod. Zone Dist.: 1980 feet. Direction: FNL Dist.: 660 feet. Direction: FWL

Sec: 27 Twp: 2N Rng: 67W

\*\* If directional footage at Bottom Hole Dist.: 1980 feet. Direction: FNL Dist.: 660 feet. Direction: FWL

Sec: 27 Twp: 2N Rng: 67W

9. Field Name: SPINDLE

10. Field Number: 77900

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 10/14/1985 13. Date TD: 10/27/1985 14. Date Casing Set or D&amp;A: 10/27/1985

## 15. Well Classification:

☐ Dry ☐ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 8230 TVD\*\* 8230 17 Plug Back Total Depth MD TVD\*\* 8148

18. Elevations GR 5005 KB 5016

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:

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	616	345	0	345	VISU
1ST	7+7/8	5+1/2	15.5	0	8,230	1,240	3,610	8,230	CBL

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date:

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	SURF	770	160	0	772

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	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

This remedial cement is being done upon Anadarko's request for their offset horizontal DEEPE 14N-27 (API 05-123-20536)

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: VP Engineering Date: \_\_\_\_\_ Email: slaramesa@kpk.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" 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 checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400600803	PDF-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400601661	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400601662	OPERATIONS SUMMARY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group      Comment      Comment Date

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Total: 0 comment(s)