DNR CO

Document Number:

400644211

Date Received:

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   05-005-06628-00

6. County: ARAPAHOE

7. Well Name: STATE

Well Number: 2-26

8. Location: QtrQtr: NENE   Section: 26   Township: 4S   Range: 62W   Meridian: 6

Footage at surface: Distance: 660 feet   Direction: FNL   Distance: 660 feet   Direction: FEL

As Drilled Latitude: 39.679110   As Drilled Longitude: -104.287120

GPS Data:

Data of Measurement: 08/14/1993   PDOP Reading: 5.0   GPS Instrument Operator's Name: Billy G. Halloway

** 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: SIDEWINDER   10. Field Number: 77458

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 08/23/1973 13. Date TD: 09/02/1973   14. Date Casing Set or D&A: _____

15. Well Classification:

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

16. Total Depth   MD 7335   TVD** _____   17 Plug Back Total Depth   MD   7305   TVD** _____

18. Elevations   GR 5436   KB 5446 | 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	73	75	0	73	VISU
1ST	7+7/8	4+1/2	11.6	0	7,331	400	6,570	7,331	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	2,508	100	2,020	2,418

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	
			☐	☐	

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: VP Engineering   Date: _____   Email: Slaramesa@kpk.com

Attachment Check List

Att Doc Num	Document Name	attached ?

Attachment Checklist

Att Doc Num	Document Name	attached ?
400648767	CMT Summary *	Yes ☒ No ☐
	Core Analysis	Yes ☐ No ☒
	Directional Survey **	Yes ☐ No ☒
	DST Analysis	Yes ☐ No ☒
	Logs	Yes ☒ No ☐
	Other	Yes ☐ No ☒

Other Attachments

Att Doc Num	Document Name	attached ?
400644229	PDF-CBL 1ST RUN	Yes ☒ No ☐
400648766	PDF-CEMENT BOND	Yes ☒ No ☐
400648788	WELLBORE DIAGRAM	Yes ☒ No ☐

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)