

FORM
5Rev
09/14

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:

400853923

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

OGCC Operator Number: 46290

Contact Name: Carelia Rojas

Name of Operator: K P KAUFFMAN COMPANY INC

Phone: (303) 8254822

Address: 1675 BROADWAY, STE 2800

Fax: (303) 8254825

City: DENVER State: CO Zip: 80202

API Number 05-005-06698-00

County: ARAPAHOE

Well Name: STATE

Well Number: 32-16

Location: QtrQtr: SWNE Section: 16 Township: 5S Range: 62W Meridian: 6

Footage at surface: Distance: 1980 feet Direction: FNL Distance: 1980 feet Direction: FEL

As Drilled Latitude: As Drilled Longitude:

GPS Data:

Date of Measurement: PDOP Reading: GPS Instrument Operator's Name:

** 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:

Field Name: PRONGHORN

Field Number: 70650

Federal, Indian or State Lease Number: 68-5117-S

Spud Date: (when the 1st bit hit the dirt) 08/24/1975 Date TD: 09/02/1975 Date Casing Set or D&A: 09/02/1975

Rig Release Date: 09/05/1975 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 7514 TVD** Plug Back Total Depth MD 7466 TVD**

Elevations GR 5640 KB 5640 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	8+5/8	12+1/4	24	0	231	175	0	231	CALC
1ST	4+1/2	7+7/8	11.6	0	7,535	200	6,810	7,535	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 05/26/2015

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	2,976	100	2,375	2,600
SQUEEZE	1ST	2,976	50	2,750	3,070

Details of work:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis 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: Carelia Rojas

Title: Production Engineer Date: _____ Email: crojas@kpk.com

Attachment Check List

Att Doc Num	Document Name	attached ?
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Attachment Checklist

400854631	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 checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Other Attachments

400853955	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400853956	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400853977	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group **Comment** **Comment Date**

Total: 0 comment(s)