

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:

400293797

Date Received:

10/05/2012

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: 10392  
2. Name of Operator: TEKTON WINDSOR LLC  
3. Address: 640 PLAZA DRIVE #290  
City: HIGHLANDS State: CO Zip: 80129  
4. Contact Name: CLAYTON DOKE  
Phone: (970) 669-7411  
Fax: (970) 669-4077

5. API Number 05-123-35324-00  
6. County: WELD  
7. Well Name: FRYE FARMS Well Number: 7-5-32  
8. Location: QtrQtr: SESE Section: 32 Township: 6N Range: 67W Meridian: 6  
Footage at surface: Distance: 1186 feet Direction: FSL Distance: 1129 feet Direction: FEL  
As Drilled Latitude: 40.439270 As Drilled Longitude: -104.910510

GPS Data:  
Date of Measurement: 07/11/2012 PDOP Reading: 1.6 GPS Instrument Operator's Name: WYATT HALL

\*\* If directional footage at Top of Prod. Zone Dist.: 1398 feet. Direction: FSL Dist.: 2450 feet. Direction: FEL  
Sec: 32 Twp: 6N Rng: 67W  
\*\* If directional footage at Bottom Hole Dist.: 1390 feet. Direction: FSL Dist.: 2445 feet. Direction: FEL  
Sec: 32 Twp: 6N Rng: 67W

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) 05/24/2012 13. Date TD: 05/27/2012 14. Date Casing Set or D&A: 05/28/2012

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

16. Total Depth MD 7580 TVD\*\* 7370 17 Plug Back Total Depth MD 7546 TVD\*\* 7336

18. Elevations GR 4881 KB 4897  
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:  
Induction, Density, Neutron, 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	903	360	0	903	VISU
1ST	7+7/8	4+1/2	11.6	0	7,569	785	1,300	7,569	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

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	
RICHARD	2,400		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,604		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,270		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,765		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,118		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,397		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,415		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

\_\_\_\_\_

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Clayton Duke

Title: Consultant Date: 10/5/2012 Email: cdoke@petersonenergy.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400310284	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400293825	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input 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>			
400293797	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400293805	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400293823	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400293836	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)