

FORM
5A

Rev
06/12

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:

400289580

Date Received:

10/18/2012

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of 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 05-123-34879-00

7. Well Name: RANCHO WATER VALLEY

8. Location: QtrQtr: NENE Section: 4 Township: 5N Range: 67W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 2-8-4

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/23/2012 End Date: 03/23/2012 Date of First Production this formation:

Perforations Top: 7153 Bottom: 7165 No. Holes: 48 Hole size: 038/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

222,390 gals Slickwater, 151,116 gals SLF, 152,332 lbs 30/50 White

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 8788

Max pressure during treatment (psi): 5170

Total gas used in treatment (mcf): 0

Fluid density at initial fracture (lbs/gal): 0.25

Type of gas used in treatment:

Min frac gradient (psi/ft): 0.83

Total acid used in treatment (bbl): 0

Number of staged intervals: 1

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): 5295

Fresh water used in treatment (bbl): 5232

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 152332

Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: PIPELINE

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: SOLD Gas Type: WET Btu Gas: API Gravity Oil:

Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production:

Date formation Abandoned: Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt

** Bridge Plug Depth: ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA-CODELL		Status: PRODUCING		Treatment Type: _____	
Treatment Date: _____		End Date: _____		Date of First Production this formation: 04/07/2012	
Perforations	Top: 6830	Bottom: 7165	No. Holes: 96	Hole size: 042/100	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
This formation is commingled with another formation:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Total fluid used in treatment (bbl): _____			Max pressure during treatment (psi): _____		
Total gas used in treatment (mcf): _____			Fluid density at initial fracture (lbs/gal): _____		
Type of gas used in treatment: _____			Min frac gradient (psi/ft): _____		
Total acid used in treatment (bbl): _____			Number of staged intervals: _____		
Recycled water used in treatment (bbl): _____			Flowback volume recovered (bbl): _____		
Fresh water used in treatment (bbl): _____			Disposition method for flowback: _____		
Total proppant used (lbs): _____			Rule 805 green completion techniques were utilized: <input type="checkbox"/>		
Reason why green completion not utilized: _____					
Fracture stimulations must be reported on FracFocus.org					
<u>Test Information:</u>					
Date: 04/07/2012	Hours: 12	Bbl oil: 41	Mcf Gas: 64	Bbl H2O: 45	
Calculated 24 hour rate:	Bbl oil: 82	Mcf Gas: 128	Bbl H2O: 90	GOR: 1536	
Test Method: FLOWING	Casing PSI: 820	Tubing PSI: _____	Choke Size: _____		
Gas Disposition: SOLD	Gas Type: WET	Btu Gas: 1319	API Gravity Oil: 44		
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____		
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____			
** Bridge Plug Depth: _____	** Sacks cement on top: _____	** Wireline and Cement Job Summary must be attached.			

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/24/2012 End Date: 03/24/2012 Date of First Production this formation: _____

Perforations Top: 6830 Bottom: 6970 No. Holes: 48 Hole size: 042/100

Provide a brief summary of the formation treatment: _____ Open Hole: ☐

306,785 gals Slickwater, 211,512 SLF, with 211,398 lbs. 30/50 White

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 12195 Max pressure during treatment (psi): 5247

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 0.25

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.87

Total acid used in treatment (bbl): 23 Number of staged intervals: 1

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 7304

Fresh water used in treatment (bbl): 7218 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 211398 Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: PIPELINE

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: SOLD Gas Type: WET Btu Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

** Bridge Plug Depth: _____ ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

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: 10/18/2012 Email: cdoke@petersonenergy.com

Attachment Check List

Att Doc Num	Name
400289580	FORM 5A SUBMITTED
400334160	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)