

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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Date Received:

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, reoperation 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 05-123-35324-00 6. County: WELD 7. Well Name: FRYE FARMS 8. Location: QtrQtr: SESE Section: 32 Township: 6N Range: 67W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 07/17/2012 End Date: 07/17/2012 Date of First Production this formation: Perforations Top: 7420 Bottom: 7432 No. Holes: 48 Hole size: 042/100

Provide a brief summary of the formation treatment: Open Hole: 167,172 gals FR water, 105,054 gals SLF, 119,598 lbs 30/50 White w/ 3,478# LC 20/40.

This formation is commingled with another formation: [X] Yes [] No Total fluid used in treatment (bbl): 6405 Max pressure during treatment (psi): 4871 Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 0.75 Type of gas used in treatment: Min frac gradient (psi/ft): 0.84 Total acid used in treatment (bbl): 23 Number of staged intervals: 1 Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): Fresh water used in treatment (bbl): 3933 Disposition method for flowback: DISPOSAL Total proppant used (lbs): 119598 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: Gas Type: 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: 08/21/2012

Perforations Top: 7228 Bottom: 7432 No. Holes: 140 Hole size: 039/100

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

This formation is commingled with another formation: Yes 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): 2921

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

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

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 08/21/2012 Hours: 18 Bbl oil: 61 Mcf Gas: 24 Bbl H2O: 41

Calculated 24 hour rate: Bbl oil: 81 Mcf Gas: 32 Bbl H2O: 55 GOR: 393

Test Method: FLOWING Casing PSI: 950 Tubing PSI: _____ Choke Size: 012/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1228 API Gravity Oil: 53

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: NIORRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 07/18/2012 End Date: 07/18/2012 Date of First Production this formation: _____
Perforations Top: 7228 Bottom: 7312 No. Holes: 92 Hole size: 039/100

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

300,942 gals FR water and acid, 204,695 gals SLF, 210,080 lbs 30/50 White.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): <u>11874</u>	Max pressure during treatment (psi): <u>5093</u>
Total gas used in treatment (mcf): <u>0</u>	Fluid density at initial fracture (lbs/gal): <u>0.25</u>
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>0.89</u>
Total acid used in treatment (bbl): <u>23</u>	Number of staged intervals: <u>1</u>
Recycled water used in treatment (bbl): <u>0</u>	Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): <u>7057</u>	Disposition method for flowback: <u>DISPOSAL</u>
Total proppant used (lbs): <u>210080</u>	Rule 805 green completion techniques were utilized: <input type="checkbox"/>
Reason why green completion not utilized: <u>PIPELINE</u>	

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: _____ Gas Type: _____ 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:

The flowback recovery volume is from both the Niobrara and Codell formations

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.
Signed: _____ Print Name: Clayton Doke
Title: Consultant Date: _____ Email: cdoke@petersonenergy.com

Attachment Check List

Att Doc Num	Name
400337272	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)