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

DE	ET	OE	ES

Document Number: 400337286

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, 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 05-123-35028-00
6. County: WELD
7. Well Name: FRYE FARMS
Well Number: 9-7-32
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: 07/16/2012 End Date: 07/16/2012 Date of First Production this formation:

Perforations Top: 7340 Bottom: 7352 No. Holes: 48 Hole size: 042/100

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

181,566 gals FR water, 113,862 gals SLF, 112,751 lbs 30/50 White w/ 4,518# LC 20/40.

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

Total fluid used in treatment (bbl): 6951
Max pressure during treatment (psi): 4720
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): 0.83
Total acid used in treatment (bbl): 0
Number of staged intervals: 1
Recycled water used in treatment (bbl): 0
Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): 4272
Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 112751
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: 7038 Bottom: 7352 No. Holes: 120 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): 2633

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: 17 Bbl oil: 102 Mcf Gas: 122 Bbl H2O: 70

Calculated 24 hour rate: Bbl oil: 144 Mcf Gas: 172 Bbl H2O: 99 GOR: 1196

Test Method: FLOWING Casing PSI: 1350 Tubing PSI: Choke Size: 012/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1245 API Gravity Oil: 42

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 Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 07/16/2012 End Date: 07/16/2012 Date of First Production this formation:

Perforations Top: 7038 Bottom: 7160 No. Holes: 72 Hole size: 039/100

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

306,340 gals FR water and acid, 204,376 gals SLF, 192,433 lbs 30/50 White.

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

Total fluid used in treatment (bbl): 11993 Max pressure during treatment (psi): 4941

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): 0.88

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

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 7294

Fresh water used in treatment (bbl): 7184 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 192433 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.

Comment:

The flowback recovery volume is for both the Codell and Niobrara 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
400337292	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)