

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: 400279336

Date Received: 05/30/2012

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.

Completion Type [X] Final completion [] Preliminary completion

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

5. API Number 05-123-34891-00 6. County: WELD
7. Well Name: RANCHO WATER VALLEY Well Number: 3-9-4
8. Location: QtrQtr: NENE Section: 4 Township: 5N Range: 67W Meridian: 6
Footage at surface: Distance: 220 feet Direction: FNL Distance: 208 feet Direction: FEL
As Drilled Latitude: 40.435490 As Drilled Longitude: -104.887870

GPS Data:
Date of Measurement: 05/05/2012 PDOP Reading: 1.0 GPS Instrument Operator's Name: WYATT HALL

** If directional footage at Top of Prod. Zone Dist.: 1340 feet. Direction: FNL Dist.: 201 feet. Direction: FEL
Sec: 4 Twp: 5N Rng: 67W
** If directional footage at Bottom Hole Dist.: 1345 feet. Direction: FNL Dist.: 202 feet. Direction: FEL
Sec: 4 Twp: 5N 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) 02/02/2012 13. Date TD: 02/07/2012 14. Date Casing Set or D&A: 02/08/2012

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

16. Total Depth MD 7415 TVD** 7285 17 Plug Back Total Depth MD 7373 TVD** 7243

18. Elevations GR 4774 KB 4790
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:
Density, Neutron, Induction, CBL

20. Casing, Liner and Cement:

CASING

Table with 10 columns: Casing Type, Size of Hole, Size of Casing, Wt/Ft, Csg/Liner Top, Setting Depth, Sacks Cmt, Cmt Top, Cmt Bot, Status. Rows include SURF and 1ST.

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	
PARKMAN	3,484		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,093		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,597		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,887		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,188		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,210		<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 DOKE

Title: PETROLEUM ENGINEER Date: 5/30/2012 Email: cdoke@petersonenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400279364	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400279363	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>			
400279336	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400279353	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400279357	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400279365	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	Operator approved change to TPZ and BHL. Ready to pass.	2/7/2013 10:50:39 AM
Permit	Requested again that operator reconcile BHL and TPZ (my calcs: BHL: 202 FEL; TPZ 201 FEL)	11/20/2012 3:36:16 PM
Permit	On hold waiting for operator to reconcile BHL and TPZ FEL.	9/13/2012 12:19:49 PM

Total: 3 comment(s)