

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:

400307688

Date Received:

01/29/2013

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 05-123-34926-00  
6. County: WELD  
7. Well Name: PAVISTMA  
Well Number: 4-2-32  
8. Location: QtrQtr: NWSW 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: 03/30/2012 End Date: 03/30/2012 Date of First Production this formation:

Perforations Top: 7469 Bottom: 7481 No. Holes: 48 Hole size: 038/100

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

233651 gals FR water, 146790 gals SLF, 123290 lbs 30/50 White

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

Total fluid used in treatment (bbl): 9058 Max pressure during treatment (psi): 5340

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): 0.86

Total acid used in treatment (bbl): 17 Number of staged intervals: 1

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

Fresh water used in treatment (bbl): 5563 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 123290 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: 06/01/2012	
Perforations	Top: 7152	Bottom: 7481	No. Holes: 108	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): 1200		
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: _____					
<b>Fracture stimulations must be reported on FracFocus.org</b>					
<b><u>Test Information:</u></b>					
Date: 06/01/2012	Hours: 12	Bbl oil: 11	Mcf Gas: 3	Bbl H2O: 0	
Calculated 24 hour rate:	Bbl oil: 22	Mcf Gas: 6	Bbl H2O: 0	GOR: 273	
Test Method: FLOWING	Casing PSI: 270	Tubing PSI: _____	Choke Size: 012/64		
Gas Disposition: SOLD	Gas Type: WET	Btu Gas: 1273	API Gravity Oil: 42		
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: 03/30/2012 End Date: 03/30/2012 Date of First Production this formation: \_\_\_\_\_

Perforations Top: 7152 Bottom: 7288 No. Holes: 60 Hole size: 042/100

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

302184 gals FR water, 212184 gal SLF, with 214400 lbs. 30/50 White

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

Total fluid used in treatment (bbl): 12247 Max pressure during treatment (psi): 5255

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): 0.90

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): 7195 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 214400 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:**

The flowback recovery volume is for 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: 1/29/2013 Email: cdoke@petersonenergy.com

**Attachment Check List**

Att Doc Num	Name
400307688	FORM 5A SUBMITTED
400364517	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)