

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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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 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: [X] 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:

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): 1200

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: 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: _____

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: 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)