

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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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 05-123-35325-00
6. County: WELD
7. Well Name: FRYE FARMS
Well Number: 9-5-32
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: 7486 Bottom: 7498 No. Holes: 48 Hole size: 042/100

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

157,600 gals FR water, 92,660 gals SLF, 103,568 lbs 30/50 White w/ 5,215# LC 20/40.

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

Total fluid used in treatment (bbl): 5888 Max pressure during treatment (psi): 4722

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): 0.82

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): 3708 Disposition method for flowback:

Total proppant used (lbs): 103568 Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized:

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: 7195 Bottom: 7498 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): 1468

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: 15 Bbl oil: 63 Mcf Gas: 67 Bbl H2O: 43

Calculated 24 hour rate: Bbl oil: 101 Mcf Gas: 107 Bbl H2O: 69 GOR: 1063

Test Method: FLOWING Casing PSI: 600 Tubing PSI: _____ Choke Size: 012/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1283 API Gravity Oil: 43

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: 7195 Bottom: 7306 No. Holes: 92 Hole size: 039/100

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

305,316 gals FR water and acid, 208,946 gals SLF, 210,100 lbs 30/50 White.

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

Total fluid used in treatment (bbl): 12100

Max pressure during treatment (psi): 5300

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): 0.86

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): 7183

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 210100

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 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 Duke

Title: Consultant Date: 1/29/2013 Email: cduke@petersonenergy.com

Attachment Check List

Att Doc Num	Name
400337273	FORM 5A SUBMITTED
400337282	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)