

FORM  
5Rev  
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:

400418530

Date Received:

## 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. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☒ Final completion ☐ Preliminary completion

1. OGCC Operator Number: 10392

4. Contact Name: CLAYTON DOKE

2. Name of Operator: TEKTON WINDSOR LLC

Phone: (303) 216-0703

3. Address: 640 PLAZA DRIVE #290

Fax: (303) 216-2139

City: HIGHLANDS State: CO Zip: 80129

5. API Number 05-123-36426-00

6. County: WELD

7. Well Name: RANCHO WATER VALLEY 13

Well Number: 7-6-33-270-6-CH

8. Location: QtrQtr: NENE Section: 4 Township: 5N Range: 67W Meridian: 6

Footage at surface: Distance: 220 feet Direction: FNL Distance: 398 feet Direction: FEL

As Drilled Latitude: 40.435490 As Drilled Longitude: -104.888570

## GPS Data:

Data of Measurement: 05/09/2013 PDOP Reading: 1.9 GPS Instrument Operator's Name: BRIAN ROTTINGHAUS

\*\* If directional footage at Top of Prod. Zone Dist.: 1309 feet. Direction: FSL Dist.: 665 feet. Direction: FEL

Sec: 33 Twp: 6N Rng: 67W

\*\* If directional footage at Bottom Hole Dist.: 1316 feet. Direction: FSL Dist.: 461 feet. Direction: FWL

Sec: 33 Twp: 6N 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) 03/19/2013 13. Date TD: 04/02/2013 14. Date Casing Set or D&amp;A: 04/05/2013

## 15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 11483 TVD\*\* 7115 17 Plug Back Total Depth MD 11479 TVD\*\* 7115

18. Elevations GR 4775 KB 4792

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:

GAMMA RAY, MUD, CBL

## 20. Casing, Liner and Cement:

## CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	13+1/2	9+5/8	36	0	1,239	570	0	1,239	VISU
1ST	8+3/4	7	26	0	7,521	365	608	7,521	CBL
1ST LINER	6+1/8	4+1/2	13.5	7389	11,479				

**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	
SHARON SPRINGS	6,975		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,017		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,542		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,658		<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 DOKETitle: SENIOR ENGINEER Date: \_\_\_\_\_ Email: cdoke@iptengineers.com**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400418582	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>					
400418579	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400418581	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400418583	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400448714	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)