

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:

400508407

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 Duke
 2. Name of Operator: TEKTON WINDSOR LLC Phone: (720) 420-5700
 3. Address: 200 PLAZA DR., STE 100 Fax: (720) 420-5800
 City: HIGHLANDS State: CO Zip: 80129

5. API Number 05-123-37703-00 6. County: WELD
 7. Well Name: PAVISTMA SOUTH Well Number: 1
 8. Location: QtrQtr: NWSW Section: 32 Township: 6N Range: 67W Meridian: 6
 Footage at surface: Distance: 1665 feet Direction: FSL Distance: 200 feet Direction: FWL
 As Drilled Latitude: 40.440534 As Drilled Longitude: -104.924793

GPS Data:

Date of Measurement: 02/21/2013 PDOP Reading: 1.7 GPS Instrument Operator's Name: WYATT HALL

** If directional footage at Top of Prod. Zone Dist.: 1845 feet. Direction: FSL Dist.: 460 feet. Direction: FWL

Sec: 32 Twp: 6N Rng: 67W

** If directional footage at Bottom Hole Dist.: 1845 feet. Direction: FSL Dist.: 460 feet. Direction: FEL

Sec: 32 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) 08/20/2013 13. Date TD: 09/14/2013 14. Date Casing Set or D&A: 09/14/2013

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

16. Total Depth MD 11775 TVD** 7117 17 Plug Back Total Depth MD 11770 TVD** 7119

18. Elevations GR 4954 KB 4976 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:
 CBL, Mud Log, Res

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 | 12+1/4 | 9+5/8 | 36 | 0 | 893 | 268 | 0 | 893 | VISU |
| 1ST | 8+3/4 | 7 | 26 | 0 | 7,530 | 689 | 5,132 | 7,545 | CBL |
| 1ST LINER | 6+1/8 | 4+1/2 | 11.6 | 7379 | 11,770 | | | | |

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 | 7,059 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 7,125 | | <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: Senior Engineer Date: _____ Email: clay.doke@iptenergyservices.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|------------------------------------|-----------------------|---|--|
| <u>Attachment Checklist</u> | | | |
| 400509166 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 400509186 | 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> | | | |
| 400509131 | DIRECTIONAL DATA | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400509152 | PDF-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400541715 | PDF-RESISTIVITY | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400541719 | LAS-RESISTIVITY | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400545745 | PDF-MUD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400545746 | LAS-MUD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|----------------|---------------------|
| | | |

Total: 0 comment(s)