

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



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Document Number:

400509282

Date Received:

01/27/2014

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: CLAY DOKE
 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 05-123-36652-00 6. County: WELD
 7. Well Name: PAVISTMA SOUTH Well Number: 2
 8. Location: QtrQtr: NWSW Section: 32 Township: 6N Range: 67W Meridian: 6
 Footage at surface: Distance: 1652 feet Direction: FSL Distance: 190 feet Direction: FWL
 As Drilled Latitude: 40.440500 As Drilled Longitude: -104.924830

GPS Data:
 Date of Measurement: 01/21/2014 PDOP Reading: 3.1 GPS Instrument Operator's Name: MARK ANGELL

** If directional footage at Top of Prod. Zone Dist.: 1650 feet. Direction: FSL Dist.: 530 feet. Direction: FWL
 Sec: 32 Twp: 6N Rng: 67W
 ** If directional footage at Bottom Hole Dist.: 1651 feet. Direction: FSL Dist.: 463 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) 08/22/2013 13. Date TD: 09/26/2013 14. Date Casing Set or D&A: 09/27/2013

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

16. Total Depth MD 12007 TVD** 7291 17 Plug Back Total Depth MD 12003 TVD** 7293

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, DPHI/DRHO, Mud

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	873	268	0	870	VISU
1ST	8+3/4	7	26	0	7,729	694	4,620	7,743	CBL
1ST LINER	6+1/8	4+1/2	13.5	7498	12,003				

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	
SUSSEX	4,048		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,447		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	6,981		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,022		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,548		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,662		<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: 1/27/2014 Email: clay.doke@iptenergyservices.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400509294	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400509293	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"/>
Other Attachments			
400509282	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400509291	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400509292	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400541742	PDF-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400541744	LAS-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400545766	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400545773	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Added shallow formation tops as per opr.	2/11/2014 10:46:08 AM
Permit	Corrected SHL; Lat/Long, date of measurements, PDOP, Instrument Op's name, TOPZ, and BHL as per opr.	1/29/2014 10:50:43 AM

Total: 2 comment(s)