

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



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Document Number:

400279336

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: (970) 669-7411

3. Address: 640 PLAZA DRIVE #290

Fax: (970) 669-4077

City: HIGHLANDS State: CO Zip: 80129

5. API Number 05-123-34891-00

6. County: WELD

7. Well Name: RANCHO WATER VALLEY

Well Number: 3-9-4

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

Footage at surface: Distance: 220 feet Direction: FNL Distance: 208 feet Direction: FEL

As Drilled Latitude: 40.435490 As Drilled Longitude: -104.887870

GPS Data:

Data of Measurement: 05/05/2012 PDOP Reading: 1.0 GPS Instrument Operator's Name: WYATT HALL

** If directional footage at Top of Prod. Zone Dist.: 1340 feet. Direction: FNL Dist.: 75 feet. Direction: FEL

Sec: 4 Twp: 5N Rng: 67W

** If directional footage at Bottom Hole Dist.: 1345 feet. Direction: FNL Dist.: 76 feet. Direction: FEL

Sec: 4 Twp: 5N 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) 02/02/2012 13. Date TD: 02/07/2012 14. Date Casing Set or D&A: 02/08/2012

15. Well Classification:

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

16. Total Depth MD 7415 TVD** 7285 17 Plug Back Total Depth MD 7373 TVD** 7243

18. Elevations GR 4774 KB 4790

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:

Density, Neutron, Induction, 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	12+1/4	8+5/8	24	0	1,267	488	0	1,267	VISU
1ST	7+7/8	4+1/2	11.6	0	7,394	765	1,470	7,394	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____					
Method used	String	Cementing tool setting/pref 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	
PARKMAN	3,484		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,093		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,597		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,887		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,188		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,210		<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: PETROLEUM ENGINEER Date: _____ Email: cdoke@petersonenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400279364	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400279363	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>					
400279353	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400279357	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400279365	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group Comment Comment Date

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Total: 0 comment(s)