

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:
400293693

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 05-123-35325-00 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
 Footage at surface: Distance: 1174 feet Direction: FSL Distance: 1122 feet Direction: FEL
 As Drilled Latitude: 40.439230 As Drilled Longitude: -104.910470

GPS Data:
 Date of Measurement: 07/11/2012 PDOP Reading: 1.1 GPS Instrument Operator's Name: WYATT HALL

** If directional footage at Top of Prod. Zone Dist.: 56 feet. Direction: FSL Dist.: 2635 feet. Direction: FEL

Sec: 32 Twp: 6N Rng: 67W

** If directional footage at Bottom Hole Dist.: 50 feet. Direction: FSL Dist.: 2633 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) 05/19/2012 13. Date TD: 05/23/2012 14. Date Casing Set or D&A: 05/24/2012

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

16. Total Depth MD 7673 TVD** 7390 17 Plug Back Total Depth MD 7636 TVD** 7353

18. Elevations GR 4881 KB 4897 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:
Neutron, Density, 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	883	350	0	883	VISU
1ST	7+7/8	4+1/2	11.6	0	7,659	795	1,450	7,659	CBL

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	
RICHARD	2,410		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,610		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,290		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,820		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,193		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,460		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,482		<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 Duke

Title: Consultant Date: _____ Email: cdoke@petersonenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400310263	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400293742	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			
400293700	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400293744	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400310254	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)