

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:

400418453

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 05-123-36428-00

6. County: WELD

7. Well Name: RANCHO WATER VALLEY 11

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

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

Footage at surface: Distance: 220 feet Direction: FNL Distance: 366 feet Direction: FEL

As Drilled Latitude: 40.435480 As Drilled Longitude: -104.888450

GPS Data:

Data of Measurement: 05/09/2013 PDOP Reading: 2.7 GPS Instrument Operator's Name: BRIAN ROTTINGHAUS

** If directional footage at Top of Prod. Zone Dist.: 663 feet. Direction: FSL Dist.: 669 feet. Direction: FEL

Sec: 33 Twp: 6N Rng: 67W

** If directional footage at Bottom Hole Dist.: 665 feet. Direction: FSL Dist.: 459 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) 02/27/2013 13. Date TD: 03/14/2013 14. Date Casing Set or D&A: 03/16/2013

15. Well Classification:

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

16. Total Depth MD 11412 TVD** 7100 17 Plug Back Total Depth MD 11402 TVD** 7100

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, CBL, 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	13+1/2	9+5/8	36	0	1,239	585	0	1,239	VISU
1ST	8+3/4	7	26	0	7,455	344	2,234	7,455	CBL
1ST LINER	6+1/8	4+1/2	13.5	7304	11,402				

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	6,818		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,854		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,407		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,611		<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"/>
400418479	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>					
400418478	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400418528	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400418529	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400448705	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400448709	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)