

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



DE ET OE ES

Document Number:

400509217

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 05-123-36650-00

6. County: WELD

7. Well Name: PAVISTMA SOUTH

Well Number: 3

8. Location: QtrQtr: NWSW Section: 32 Township: 6N Range: 67W Meridian: 6

Footage at surface: Distance: 1639 feet Direction: FSL Distance: 180 feet Direction: FWL

As Drilled Latitude: 40.440460 As Drilled Longitude: -104.924860

## 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.: 1076 feet. Direction: FSL Dist.: 534 feet. Direction: FWL

Sec: 32 Twp: 6N Rng: 67W

\*\* If directional footage at Bottom Hole Dist.: 1113 feet. Direction: FSL Dist.: 468 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) 08/23/2013 13. Date TD: 09/30/2013 14. Date Casing Set or D&amp;A: 10/02/2013

## 15. Well Classification:

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

16. Total Depth MD 12018 TVD\*\* 7171 17 Plug Back Total Depth MD 12013 TVD\*\* 7173

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, RES, 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	904	278	0	904	VISU
1ST	8+3/4	7	23	0	7,651	700	5,355	7,651	CBL
1ST LINER	6+1/8	4+1/2	13.5	7423	12,013				

**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	4,127		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,526		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,083		<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 ?			
<u>Attachment Checklist</u>					
400509273	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400509278	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>					
400509217	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400509270	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400509279	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400541745	PDF-RESISTIVITY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400541747	LAS-RESISTIVITY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400545809	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400545813	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 10:46:19 AM
Permit	Corrected SHL; date of measurement, PDOP, Instrument Op's name, TOPZ, and BHL as per opr.  Need formation tops	1/29/2014 10:53:01 AM

Total: 2 comment(s)