

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.

Document Number:
400509217

Date Received:
01/27/2014

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&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 ?	
Attachment Checklist			
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"/>
Other Attachments			
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)