

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



DE ET OE ES

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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 [X] Final completion [] Preliminary completion

1. OGCC Operator Number: 10392 4. Contact Name: Paul Gottlob
2. Name of Operator: TEKTON WINDSOR LLC Phone: (720) 420-5747
3. Address: 200 PLAZA DR., STE 100 Fax:
City: HIGHLANDS State: CO Zip: 80129

5. API Number 05-123-36653-00 6. County: WELD
7. Well Name: PAVISTMA Well Number: 10
8. Location: QtrQtr: NWSW Section: 32 Township: 6N Range: 67W Meridian: 6
Footage at surface: Distance: 2269 feet Direction: FSL Distance: 263 feet Direction: FWL
As Drilled Latitude: 40.442190 As Drilled Longitude: -104.924730

GPS Data: Date of Measurement: 05/15/2014 PDOP Reading: 1.9 GPS Instrument Operator's Name: Mark Angell

** If directional footage at Top of Prod. Zone Dist.: 1980 feet. Direction: FNL Dist.: 460 feet. Direction: FWL
Sec: 32 Twp: 6N Rng: 67W
** If directional footage at Bottom Hole Dist.: 1980 feet. Direction: FNL Dist.: 460 feet. Direction: FEL
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) 11/25/2013 13. Date TD: 12/05/2013 14. Date Casing Set or D&A: 12/24/2013

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

16. Total Depth MD 17119 TVD** 7315 17 Plug Back Total Depth MD 17111 TVD** 7314

18. Elevations GR 4955 KB 4977 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: 5MD Density/Gamma in both pdf & las. CBL in pdf.

20. Casing, Liner and Cement:

CASING

Table with 10 columns: Casing Type, Size of Hole, Size of Casing, Wt/Ft, Csg/Liner Top, Setting Depth, Sacks Cmt, Cmt Top, Cmt Bot, Status. Rows include SURF, 1ST, and 1ST LINER.

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	
NIOBRARA	7,109	7,624	<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,624	7,737	<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,737		<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: Paul Gottlob

Title: Regulatory & Engin. Tech. Date: _____ Email: paul.gottlob@iptenergyservices.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400627326	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400625018	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			
400624984	PDF-DENSITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400624987	LAS-DENSITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400625114	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400636025	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)