

**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

Document Number:

400607809

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: Paul Gottlob

2. Name of Operator: TEKTON WINDSOR LLC

Phone: (720) 420-5747

3. Address: 200 PLAZA DR., STE 100

Fax: (720) 420-5800

City: HIGHLANDS State: CO Zip: 80129

5. API Number 05-123-36172-00

6. County: WELD

7. Well Name: RAINDANCE

Well Number: 3

8. Location: QtrQtr: SESE Section: 30 Township: 6N Range: 67W Meridian: 6

Footage at surface: Distance: 201 feet Direction: FSL Distance: 418 feet Direction: FEL

As Drilled Latitude: 40.451250 As Drilled Longitude: -104.928000

## GPS Data:

Date of Measurement: 07/11/2014 PDOP Reading: 1.4 GPS Instrument Operator's Name: Adam Beauprez

\*\* If directional footage at Top of Prod. Zone Dist.: 660 feet. Direction: FNL Dist.: 460 feet. Direction: FWL

Sec: 32 Twp: 6N Rng: 67W

\*\* If directional footage at Bottom Hole Dist.: 685 feet. Direction: FNL Dist.: 473 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) 03/06/2014 13. Date TD: 04/05/2014 14. Date Casing Set or D&amp;A: 04/07/2014

## 15. Well Classification:

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

16. Total Depth MD 12022 TVD\*\* 7342 17 Plug Back Total Depth MD 12014 TVD\*\* 7342

18. Elevations GR 4982 KB 5004

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:

Density / Gamma in both .pdf &amp; .las.

## 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	900	270	0	900	VISU
1ST	8+3/4	7	26	0	7,809	765		7,822	CALC
1ST LINER	6+1/8	4+1/2	13.5	7499	11,924				

## 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	7,030	7,078	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,078	7,582	<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,582	7,710	<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,710		<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 GottlobTitle: Regulatory & Engin. Tech. Date: \_\_\_\_\_ Email: paul.gottlob@iptenergyservices.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400627072	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400607876	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"/>
400652659	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
400607864	LAS-DENSITY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400607866	PDF-DENSITY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400607884	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)