

**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:

400617004

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 05-123-38567-00

6. County: WELD

7. Well Name: DIAMOND VALLEY EAST

Well Number: 7

8. Location: QtrQtr: SWSW Section: 23 Township: 6N Range: 67W Meridian: 6

Footage at surface: Distance: 896 feet Direction: FSL Distance: 155 feet Direction: FWL

As Drilled Latitude: 40.467660 As Drilled Longitude: -104.869800

GPS Data:

Date of Measurement: 05/05/2014 PDOP Reading: 1.7 GPS Instrument Operator's Name: Adam Kelly

** If directional footage at Top of Prod. Zone Dist.: 1320 feet. Direction: FSL Dist.: 460 feet. Direction: FEL

Sec: 22 Twp: 6N Rng: 67W

** If directional footage at Bottom Hole Dist.: 1320 feet. Direction: FSL Dist.: 460 feet. Direction: FWL

Sec: 22 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) 01/05/2014 13. Date TD: 02/21/2014 14. Date Casing Set or D&A: 02/22/2014

15. Well Classification:

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

16. Total Depth MD 11873 TVD** 7159 17 Plug Back Total Depth MD 11865 TVD** 7159

18. Elevations GR 4769 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:

Density/Gamma in both pdf & 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	559	145	0	580	VISU
1ST	8+3/4	7	26	0	7,556	359	0	7,570	VISU
1ST LINER	6+1/8	4+1/2	13.5	7347	11,867	200	0	11,873	CALC

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	6,858	6,903	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,903	7,342	<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,342	7,428	<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,428		<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>					
400642363	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400617014	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>					
400617011	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400617016	PDF-DENSITY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400617018	LAS-DENSITY	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)