

FORM  
5Rev  
02/08

## State of Colorado

## Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

1636282

## 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: 10261

4. Contact Name: KEVIN KANE

2. Name of Operator: BAYSWATER EXPLORATION AND PRODUCTION

Phone: (303) 893-2503

3. Address: 730 17TH ST STE 610

Fax: (303) 893-2508

City: DENVER State: CO Zip: 80202

5. API Number 05-123-32264-00

6. County: WELD

7. Well Name: Walker-Shands

Well Number: 3-18

8. Location: QtrQtr: NENW Section: 18 Township: 6N Range: 66W Meridian: 6

Footage at surface: Distance: 830 feet Direction: FNL Distance: 2326 feet Direction: FWL

As Drilled Latitude: 40.492315 As Drilled Longitude: -104.824005

## GPS Data:

Date of Measurement: 04/29/2011 PDOP Reading: 1.2 GPS Instrument Operator's Name: DAVID METZLER

\*\* If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

\*\* If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

9. Field Name: BRACEWELL

10. Field Number: 7487

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 03/01/2011 13. Date TD: 03/05/2011 14. Date Casing Set or D&amp;A: 03/06/2011

## 15. Well Classification:

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

16. Total Depth MD 7905 TVD\*\* 17 Plug Back Total Depth MD 7866 TVD\*\*

18. Elevations GR 4853 KB 4863

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:

TRIPLE-COMBO, CBL

## 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	8+5/8		0	696	490	0	696	
1ST	7+7/8	4+1/2		0	7,883	770	2,450	7,883	CBL

## ADDITIONAL CEMENT

Cement work date: _____					
Details of work:					
Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

21. Formation log intervals and test zones:

<b>FORMATION LOG INTERVALS AND TEST ZONES</b>					
FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
PARKMAN	3,630		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,400		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,750		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,910		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,178		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,215		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,693		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: KEVIN KANE

Title: OPERATIONS MANAGER Date: 5/13/2011 Email: KKANE@BAYSWATER.US

### **Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2537482	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
1636282	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### **General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	REC'D SURF. CMT. TKT. AND LOGS.	8/30/2011 1:21:15 PM
Permit	REQ'D LAS TRIPLE COMBO AND DIGITAL CBL FROM KK. REQ'D SURF. CMT. TKT.	3/1/2011 9:34:25 AM

Total: 2 comment(s)