

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:

1636288

## 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 05-123-32265-00

6. County: WELD

7. Well Name: Walker-Shands

Well Number: 6-18

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

Footage at surface: Distance: 854 feet Direction: FNL Distance: 2371 feet Direction: FWL

As Drilled Latitude: 40.492261 As Drilled Longitude: -104.823870

## GPS Data:

Data 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.: 1859 feet. Direction: FNL Dist.: 2050 feet. Direction: FWL

Sec: 18 Twp: 6N Rng: 66W

\*\* If directional footage at Bottom Hole Dist.: 1859 feet. Direction: FNL Dist.: 2050 feet. Direction: FWL

Sec: 18 Twp: 6N Rng: 66W

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) 03/12/2011 13. Date TD: 03/16/2011 14. Date Casing Set or D&amp;A: 03/17/2011

## 15. Well Classification:

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

16. Total Depth MD 7589 TVD\*\* 7458 17 Plug Back Total Depth MD 7555 TVD\*\* 7424

18. Elevations GR 4850 KB 4860

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	723	510	0	723	CALC
1ST	7+7/8	4+1/2		0	7,578	945	1,750	7,578	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:

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	
PARKMAN	3,700		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,490		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,860		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,030		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,305		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,345		<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>					
2537479	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
1636289	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 type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
1636288	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date
Permit	REC'D SURF. CMT. TKT. AND LOGS	8/30/2011 1:14:26 PM
Permit	REQ'D SURF. CMT. TKT., LAS TRIPLE COMBO, AND DIG. CBL.	8/1/2011 10:37:39 AM

Total: 2 comment(s)