

**FORM  
5**Rev  
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:

1636287

**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 05-123-32162-00

6. County: WELD

7. Well Name: Kaiser

Well Number: 6-10

8. Location: QtrQtr: SENW Section: 10 Township: 6N Range: 65W Meridian: 6

Footage at surface: Distance: 2237 feet Direction: FNL Distance: 2150 feet Direction: FWL

As Drilled Latitude: 40.502384 As Drilled Longitude: -104.651237

## GPS Data:

Date of Measurement: 04/29/2011 PDOP Reading: 4.9 GPS Instrument Operator's Name: DEAVID 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: EATON

10. Field Number: 19350

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 7788 TVD\*\* 17 Plug Back Total Depth MD 7757 TVD\*\*

18. Elevations GR 4773 KB 4785

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             | 582           | 420       | 0       | 582     | VISU   |
| 1ST         | 7+7/8        | 4+1/2          |       | 0             | 7,774         | 750       | 1,700   | 7,774   | 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                                       | 3,770          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| SUSSEX  | 4,288          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| SHANNON                                       | 4,470          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| NACIMIENTO                                    | 6,827          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| FORT HAYS                                     | 7,089          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| CODELL  | 7,125          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| J SAND  | 7,595          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |

Comment:

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|  |
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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> |                       |            |                                     |    |                                     |
| 2537484                     | 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>    |                       |            |                                     |    |                                     |
| 1636287                     | 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                   | CMT TKT RECEIVED      | 8/30/2011<br>11:46:29 AM   |
| Permit                   | REQ CMT TKTS          | 8/2/2011<br>10:47:39 AM    |

Total: 2 comment(s)