

**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:

400253475

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: 10261

4. Contact Name: CLAYTON DOKE

2. Name of Operator: BAYSWATER EXPLORATION AND PRODUCTION

Phone: (970) 669-7411

3. Address: 730 17TH ST STE 610

Fax: (970) 669-4077

City: DENVER State: CO Zip: 80202

5. API Number 05-123-34532-00

6. County: WELD

7. Well Name: BOOTH

Well Number: 15-26

8. Location: QtrQtr: NWNE Section: 35 Township: 7N Range: 65W Meridian: 6

Footage at surface: Distance: 151 feet Direction: FNL Distance: 1848 feet Direction: FEL

As Drilled Latitude: 40.537539 As Drilled Longitude: -104.627160

## GPS Data:

Date of Measurement: 12/08/2011 PDOP Reading: 2.1 GPS Instrument Operator's Name: Owen McKee

\*\* If directional footage at Top of Prod. Zone Dist.: 784 feet. Direction: FSL Dist.: 2158 feet. Direction: FEL

Sec: 26 Twp: 7N Rng: 65W

\*\* If directional footage at Bottom Hole Dist.: 789 feet. Direction: FSL Dist.: 2166 feet. Direction: FEL

Sec: 26 Twp: 7N Rng: 65W

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) 10/22/2011 13. Date TD: 10/26/2011 14. Date Casing Set or D&amp;A: 10/27/2011

## 15. Well Classification:

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

16. Total Depth MD 7515 TVD\*\* 7384 17 Plug Back Total Depth MD 7481 TVD\*\* 7350

18. Elevations GR 4834 KB 4848

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, Neutron, Induction, 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	24	0	688	490	0	688	VISU
1ST	7+7/8	4+1/2	11.6	0	7,506	900	1,260	7,506	CBL

**STAGE/TOP OUT/REMEDIAL CEMENT**

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

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	3,851		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,002		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,248		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,284		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	7,300		<input type="checkbox"/>	<input type="checkbox"/>	
GRANEROS	7,386		<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: CLAYTON DOKE

Title: PETROLEUM ENGINEER Date: \_\_\_\_\_ Email: cdoke@petersonenergy.com

### Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
400253527	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400253666	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>		
400253656	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400253665	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400253668	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
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Total: 0 comment(s)