

**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



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Document Number:  
400253470

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 05-123-34201-00 6. County: WELD  
 7. Well Name: Robel Well Number: 19-28  
 8. Location: QtrQtr: NWSW Section: 28 Township: 7N Range: 64W Meridian: 6  
 Footage at surface: Distance: 1337 feet Direction: FSL Distance: 1015 feet Direction: FWL  
 As Drilled Latitude: 40.540301 As Drilled Longitude: -104.561098

GPS Data:  
 Date of Measurement: 12/08/2011 PDOP Reading: 2.2 GPS Instrument Operator's Name: Owen McKee

\*\* 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: GALETON 10. Field Number: 27930  
 11. Federal, Indian or State Lease Number: \_\_\_\_\_

12. Spud Date: (when the 1st bit hit the dirt) 10/17/2011 13. Date TD: 10/21/2011 14. Date Casing Set or D&A: 10/22/2011

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 7335 TVD\*\* \_\_\_\_\_ 17 Plug Back Total Depth MD 7296 TVD\*\* \_\_\_\_\_

18. Elevations GR 4852 KB 4862 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	769	540	0	769	VISU
1ST	7+7/8	4+1/2	11.6	0	7,321	865	2,882	7,321	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:

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	3,778		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,454		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,134		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,816		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,100		<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>			
400253700	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 checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400253633	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400260336	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)