

**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:

400261581

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 05-123-34222-00

6. County: WELD

7. Well Name: Kaiser

Well Number: 18-10

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

Footage at surface: Distance: 639 feet Direction: FNL Distance: 2030 feet Direction: FWL

As Drilled Latitude: 40.506775 As Drilled Longitude: -104.651601

GPS Data:

Date of Measurement: 03/30/2012 PDOP Reading: 1.3 GPS Instrument Operator's Name: Owen McKee

** If directional footage at Top of Prod. Zone Dist.: 1355 feet. Direction: FNL Dist.: 1320 feet. Direction: FWL

Sec: 10 Twp: 6N Rng: 65W

** If directional footage at Bottom Hole Dist.: 1352 feet. Direction: FNL Dist.: 1315 feet. Direction: FWL

Sec: 10 Twp: 6N Rng: 65W

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) 12/16/2011 13. Date TD: 12/20/2011 14. Date Casing Set or D&A: 12/21/2011

15. Well Classification:

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

16. Total Depth MD 7465 TVD** 7353 17 Plug Back Total Depth MD 7427 TVD** 7315

18. Elevations GR 4788 KB 4804

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	650	460	0	650	VISU
1ST	7+7/8	4+1/2	11.6	0	7,449	925	2,309	7,449	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	3,800		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,500		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,130		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,935		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,207		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,231		<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>		
400262544	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400261596	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>		
400261594	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400261595	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400261597	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>

Total: 0 comment(s)