

FORM
5
Rev
02/08

State of Colorado
Oil and Gas Conservation Commission
1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:
400413307

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: JONATHAN RUNGE
 2. Name of Operator: BAYSWATER EXPLORATION AND PRODUCTION Phone: (303) 216-0703
 3. Address: 730 17TH ST STE 610 Fax: (303) 216-2139
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-36735-00 6. County: WELD
 7. Well Name: Bower Well Number: 10-3
 8. Location: QtrQtr: NESE Section: 3 Township: 6N Range: 67W Meridian: 6
 Footage at surface: Distance: 1980 feet Direction: FSL Distance: 565 feet Direction: FEL
 As Drilled Latitude: 40.514413 As Drilled Longitude: -104.872130

GPS Data:
 Date of Measurement: 05/15/2013 PDOP Reading: 1.4 GPS Instrument Operator's Name: Bart Phifer

** If directional footage at Top of Prod. Zone Dist.: 1958 feet. Direction: FSL Dist.: 1945 feet. Direction: FEL

Sec: 3 Twp: 6N Rng: 67W

** If directional footage at Bottom Hole Dist.: 1950 feet. Direction: FSL Dist.: 1373 feet. Direction: FEL

Sec: 3 Twp: 6N Rng: 67W

9. Field Name: SEVERANCE 10. Field Number: 77030

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 03/26/2013 13. Date TD: 03/30/2013 14. Date Casing Set or D&A: 04/01/2013

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

16. Total Depth MD 7750 TVD** 7569 17 Plug Back Total Depth MD 7715 TVD** 7534

18. Elevations GR 4941 KB 4957 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:
CBL, Density, Induction, Neutron

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	1,138	425	0	1,138	VISU
1ST	7+7/8	4+1/2	11.6	0	7,737	830	1,390	7,737	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf 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	
NIOBRARA	7,250		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,575		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

OH logs could not be run below 3040'. Top of formations taken from GR curve on CBL

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: JONATHAN RUNGE

Title: CONSULTANT Date: _____ Email: jrunge@iptengineers.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400485985	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400413363	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>			
400413356	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400413364	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)