

FORM  
5Rev  
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



DE ET OE ES

Document Number:

400371864

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 05-123-36335-00

6. County: WELD

7. Well Name: Kaiser

Well Number: 921-10

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

Footage at surface: Distance: 2239 feet Direction: FNL Distance: 2118 feet Direction: FWL

As Drilled Latitude: 40.502386 As Drilled Longitude: -104.651373

## GPS Data:

Data of Measurement: 05/15/2013 PDOP Reading: 3.1 GPS Instrument Operator's Name: Bart Phifer

\*\* If directional footage at Top of Prod. Zone Dist.: 1256 feet. Direction: FNL Dist.: 2528 feet. Direction: FWL

Sec: 10 Twp: 6N Rng: 65W

\*\* If directional footage at Bottom Hole Dist.: 1243 feet. Direction: FNL Dist.: 2534 feet. Direction: FWL

Sec: 10 Twp: 6N 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) 12/16/2012 13. Date TD: 12/20/2012 14. Date Casing Set or D&amp;A: 12/22/2012

## 15. Well Classification:

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

16. Total Depth MD 7415 TVD\*\* 7283 17 Plug Back Total Depth MD 7381 TVD\*\* 7249

18. Elevations GR 4773 KB 4789

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	671	250	0	671	VISU
1ST	7+7/8	4+1/2	11.6	0	7,402	970	2,996	7,402	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	
PARKMAN	3,805		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,589		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,969		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,232		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,256		<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: Jonathan Runge
Title: Consultant Date: _____ Email: jrunge@iptengineers.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400447007	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400371867	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>					
400371866	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400371869	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400486475	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400486481	PDF-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)