

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:
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:
 Date 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&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

User Group	Comment	Comment Date

Total: 0 comment(s)