

**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:  
400361301

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: (970) 669-7411  
 3. Address: 730 17TH ST STE 610 Fax: (970) 669-4077  
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-36107-00 6. County: WELD  
 7. Well Name: Booth Well Number: 7-26  
 8. Location: QtrQtr: NWNE Section: 26 Township: 7N Range: 65W Meridian: 6  
 Footage at surface: Distance: 518 feet Direction: FNL Distance: 2326 feet Direction: FEL  
 As Drilled Latitude: 40.551485 As Drilled Longitude: -104.628950

GPS Data:  
 Date of Measurement: 10/04/2013 PDOP Reading: 2.2 GPS Instrument Operator's Name: Bart Phifer

\*\* If directional footage at Top of Prod. Zone Dist.: 2048 feet. Direction: FNL Dist.: 1963 feet. Direction: FEL  
 Sec: 26 Twp: 7N Rng: 65W  
 \*\* If directional footage at Bottom Hole Dist.: 2048 feet. Direction: FNL Dist.: 1961 feet. Direction: FEL  
 Sec: 26 Twp: 7N 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) 10/16/2012 13. Date TD: 10/21/2012 14. Date Casing Set or D&A: 10/22/2012

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

16. Total Depth MD 7625 TVD\*\* 7371 17 Plug Back Total Depth MD 7601 TVD\*\* 7347

18. Elevations GR 4893 KB 4909 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	728	270	0	728	VISU
1ST	7+7/8	4+1/2	11.6	0	7,618	895	1,240	7,618	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	4,000		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,808		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,385		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,136		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,406		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,440		<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>			
400361303	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400361304	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>			
400361305	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400383039	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400383041	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400491523	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)