

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



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Document Number:  
400447104

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 05-123-37204-00	6. County: WELD
7. Well Name: Triangle	Well Number: 32-22
8. Location: QtrQtr: SENW Section: 22 Township: 7N Range: 65W Meridian: 6	
Footage at surface: Distance: 1800 feet Direction: FNL	Distance: 2345 feet Direction: FWL
As Drilled Latitude: 40.561815	As Drilled Longitude: -104.650420

## GPS Data:

Data of Measurement: 10/03/2013 PDOP Reading: 2.1 GPS Instrument Operator's Name: Alan Hnizdo

\*\* If directional footage at Top of Prod. Zone Dist.: 2121 feet. Direction: FNL Dist.: 72 feet. Direction: FWL

Sec: 22 Twp: 7N Rng: 65W

\*\* If directional footage at Bottom Hole Dist.: 2119 feet. Direction: FNL Dist.: 72 feet. Direction: FWL

Sec: 22 Twp: 7N Rng: 65W

9. Field Name: WYATT SCHOOL	10. Field Number: 95200
11. Federal, Indian or State Lease Number:	

12. Spud Date: (when the 1st bit hit the dirt) 05/07/2013	13. Date TD: 05/10/2013	14. Date Casing Set or D&A: 05/12/2013
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## 15. Well Classification:

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

16. Total Depth MD 7855 TVD** 7357	17 Plug Back Total Depth MD 7824 TVD** 7326
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18. Elevations GR 4832 KB 4848	One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.
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## 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	632	235	0	632	VISU
1ST	7+7/8	4+1/2	11.6	0	7,841	855	815	7,841	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:

<b>FORMATION LOG INTERVALS AND TEST ZONES</b>					
FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
PARKMAN	4,130		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,945		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,595		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,409		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,684		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,710		<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>		
400491575	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400447125	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>		
400447122	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400447123	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400447127	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400491574	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)