

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



DE ET OE ES

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.

Completion Type [X] 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:
Date 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

15. Well Classification:
[] Dry [X] 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

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.

19. List Electric Logs Run:
Density, Neutron, Induction, CBL

20. Casing, Liner and Cement:

CASING

Table with 10 columns: Casing Type, Size of Hole, Size of Casing, Wt/Ft, Csg/Liner Top, Setting Depth, Sacks Cmt, Cmt Top, Cmt Bot, Status. Rows include SURF and 1ST.

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	4,130		<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

User Group	Comment	Comment Date

Total: 0 comment(s)