

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:

400361346

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: (720) 420-5700

3. Address: 730 17TH ST STE 610

Fax: (720) 420-5800

City: DENVER State: CO Zip: 80202

5. API Number 05-123-36072-00

6. County: WELD

7. Well Name: Booth

Well Number: 25-26

8. Location: QtrQtr: NWNE Section: 26 Township: 7N Range: 65W Meridian: 6

Footage at surface: Distance: 532 feet Direction: FNL Distance: 2336 feet Direction: FEL

As Drilled Latitude: 40.551452 As Drilled Longitude: -104.628980

GPS Data:

Data 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.: 2671 feet. Direction: FNL Dist.: 2672 feet. Direction: FWL

Sec: 26 Twp: 7N Rng: 65W

** If directional footage at Bottom Hole Dist.: 2661 feet. Direction: FNL Dist.: 2682 feet. Direction: FWL

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) 10/09/2013 13. Date TD: 10/14/2012 14. Date Casing Set or D&A: 10/15/2012

15. Well Classification:

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

16. Total Depth MD 7825 TVD** 7392 17 Plug Back Total Depth MD 7802 TVD** 7369

18. Elevations GR 4894 KB 4910

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	713	270	0	713	VISU
1ST	7+7/8	4+1/2	11.6	0	7,815	910	1,400	7,815	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	4,110		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,938		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,575		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,342		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,624		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,645		<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>		
400361351	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400361348	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>		
400361350	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400491585	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400491587	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400494594	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)