

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:

400498276

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 05-123-37504-00

6. County: WELD

7. Well Name: Booth

Well Number: 19-23

8. Location: QtrQtr: SWSE Section: 23 Township: 7N Range: 65W Meridian: 6

Footage at surface: Distance: 202 feet Direction: FSL Distance: 2569 feet Direction: FEL

As Drilled Latitude: 40.552319 As Drilled Longitude: -104.629790

## 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.: 1247 feet. Direction: FSL Dist.: 1447 feet. Direction: FWL

Sec: 23 Twp: 7N Rng: 65W

\*\* If directional footage at Bottom Hole Dist.: 1257 feet. Direction: FSL Dist.: 1452 feet. Direction: FWL

Sec: 23 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) 06/05/2013 13. Date TD: 06/08/2013 14. Date Casing Set or D&amp;A: 06/09/2013

## 15. Well Classification:

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

16. Total Depth MD 7635 TVD\*\* 7365 17 Plug Back Total Depth MD 7595 TVD\*\* 7595

18. Elevations GR 4884 KB 4900

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, Induction, Neutron, Cement Bond

## 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	735	275	0	735	VISU
1ST	7+7/8	4+1/2	11.6	0	7,620	865	1,158	7,620	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	4,018		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,848		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,438		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,164		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,433		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,472		<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>					
400498312	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400498311	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>					
400498309	PDF-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400498313	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400498315	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400498317	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)