

**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
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Date Received: 10/18/2013			

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 05-123-35837-00	6. County: WELD
7. Well Name: MILNE	Well Number: 23-18
8. Location: QtrQtr: SWSE Section: 18 Township: 6N Range: 65W Meridian: 6	
Footage at surface: Distance: 669 feet Direction: FSL	Distance: 2033 feet Direction: FEL
As Drilled Latitude: 40.482904	As Drilled Longitude: -104.704162

GPS Data:

Data of Measurement: 05/15/2013 PDOP Reading: 4.4 GPS Instrument Operator's Name: Bart Phifer

** If directional footage at Top of Prod. Zone Dist.: 1352 feet. Direction: FSL Dist.: 2601 feet. Direction: FEL

Sec: 18 Twp: 6N Rng: 65W

** If directional footage at Bottom Hole Dist.: 1346 feet. Direction: FSL Dist.: 2600 feet. Direction: FEL

Sec: 18 Twp: 6N Rng: 65W

9. Field Name: EATON 10. Field Number: 19350

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 01/01/2013 13. Date TD: 01/05/2013 14. Date Casing Set or D&A: 01/06/2013

15. Well Classification:

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

16. Total Depth MD 7389 TVD** 7341 17 Plug Back Total Depth MD 7386 TVD** 7302

18. Elevations GR 4755 KB 4771

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	544	201	0	544	VISU
1ST	7+7/8	4+1/2	11.6	0	7,389	860	1,760	7,389	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	3,723		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,519		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,060		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,796		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,160		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,197		<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: 10/18/2013 Email: jrunge@iptengineers.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400498639	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400498655	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>					
400485704	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400498642	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400498646	PDF-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400498657	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Engineer	Emailed operator for aother copy of the CBL, the one attached does not open in its' entirety. Rec'd CBL.	10/29/2013 2:51:46 PM
Permit	Corrected MD to 7389. Ready to pass.	10/25/2013 3:22:46 PM

Total: 2 comment(s)