

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:

400520745

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 05-123-37282-00

6. County: WELD

7. Well Name: Albrighton

Well Number: 2-10

8. Location: QtrQtr: SWSW Section: 10 Township: 6N Range: 64W Meridian: 6

Footage at surface: Distance: 1170 feet Direction: FSL Distance: 1296 feet Direction: FWL

As Drilled Latitude: As Drilled Longitude:

GPS Data:

Date of Measurement: PDOP Reading: GPS Instrument Operator's Name:

** If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

** If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

9. Field Name: HARLECH

10. Field Number: 33560

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 05/21/2013 13. Date TD: 05/24/2013 14. Date Casing Set or D&A: 05/25/2013

15. Well Classification:

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

16. Total Depth MD 7186 TVD** 17 Plug Back Total Depth MD 7133 TVD**

18. Elevations GR 4807 KB 4821

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, GR, 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	757	500	0	757	VISU
1ST	7+7/8	4+1/2	11.6	0	7,152	896	6,095	7,152	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	3,691		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,462		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,708		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,952		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,987		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

This well was drilled by the original operator, St James Energy. The current operator, Bayswater, purchased this well after it had been drilled. No Form 5 was submitted by St James. Bayswater has scheduled a surveyor to take as-built GPS coordinates, and they will be submitted via Form 4 Sundry.

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>		
400562618	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/> No <input checked="" 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>		
400520764	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400520766	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400520767	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)