

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



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| DE | ET | OE | ES |
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Document Number:

400520827

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 05-123-34360-00

6. County: WELD

7. Well Name: Larson Farms

Well Number: 2-24

8. Location: QtrQtr: SWNE Section: 24 Township: 6N Range: 64W Meridian: 6

Footage at surface: Distance: 1452 feet Direction: FNL Distance: 1906 feet Direction: FEL

As Drilled Latitude: As Drilled Longitude:

GPS Data:

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

** If directional footage at Top of Prod. Zone Dist.: 1931 feet. Direction: FNL Dist.: 627 feet. Direction: FEL

Sec: 24 Twp: 6N Rng: 64W

** If directional footage at Bottom Hole Dist.: 1952 feet. Direction: FNL Dist.: 618 feet. Direction: FEL

Sec: 24 Twp: 6N Rng: 64W

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) 09/18/2011 13. Date TD: 09/22/2011 14. Date Casing Set or D&A: 09/23/2011

15. Well Classification:

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

16. Total Depth MD 7168 TVD** 6953 17 Plug Back Total Depth MD 7141 TVD** 6927

18. Elevations GR 4644 KB 4658

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, CBL, GR

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 | 760 | 550 | 0 | 760 | VISU |
| 1ST | 7+7/8 | 4+1/2 | 11.6 | 0 | 7,157 | 1,000 | 508 | 7,157 | 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 | 3,595 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SUSSEX | 4,326 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 6,710 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| FORT HAYS | 6,962 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CODELL | 6,995 | | <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> | | |
| 400562621 | CMT Summary * | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 400520843 | 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> | | |
| 400520839 | LAS-TRIPLE COMBINATION | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400520840 | PDF-CEMENT BOND | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400520842 | PDF-TRIPLE COMBINATION | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400520844 | DIRECTIONAL DATA | 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)