

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:

400570018

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 05-123-37919-00

6. County: WELD

7. Well Name: Hirsch

Well Number: 11-24

8. Location: QtrQtr: SENW Section: 24 Township: 7N Range: 67W Meridian: 6

Footage at surface: Distance: 1501 feet Direction: FNL Distance: 2508 feet Direction: FWL

As Drilled Latitude: 40.562814 As Drilled Longitude: -104.841840

GPS Data:

Date of Measurement: 04/18/2014 PDOP Reading: 2.9 GPS Instrument Operator's Name: Alan Hnizdo

** If directional footage at Top of Prod. Zone Dist.: 1875 feet. Direction: FSL Dist.: 1889 feet. Direction: FWL

Sec: 24 Twp: 7N Rng: 67W

** If directional footage at Bottom Hole Dist.: 1874 feet. Direction: FSL Dist.: 1891 feet. Direction: FWL

Sec: 24 Twp: 7N Rng: 67W

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) 01/13/2014 13. Date TD: 01/16/2014 14. Date Casing Set or D&A: 01/18/2014

15. Well Classification:

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

16. Total Depth MD 7955 TVD** 7520 17 Plug Back Total Depth MD 7928 TVD** 7493

18. Elevations GR 5035 KB 5048

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, Gamma Ray, 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 | 836 | 325 | 0 | 836 | VISU |
| 1ST | 7+7/8 | 4+1/2 | 11.6 | 0 | 7,945 | 840 | 0 | 7,945 | 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 | 4,067 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SUSSEX | 4,675 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SHANNON | 5,260 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 7,490 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| FORT HAYS | 7,782 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CODELL | 7,803 | | <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> | | |
| 400570048 | CMT Summary * | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 400570045 | 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> | | |
| 400570034 | PDF-CEMENT BOND | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400570042 | PDF-TRIPLE COMBINATION | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400570043 | LAS-TRIPLE COMBINATION | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400570047 | 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)