

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
----	----	----	----

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

User Group	Comment	Comment Date

Total: 0 comment(s)