

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



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Document Number:

400656465

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: 6720 4. Contact Name: JOHN THOMAS
2. Name of Operator: BAYLESS PRODUCER, LLC* ROBERT L Phone: (505) 3262659
3. Address: P O BOX 168 Fax: (505) 3266911
City: FARMINGTON State: NM Zip: 87499

5. API Number 05-081-05169-00 6. County: MOFFAT
7. Well Name: GOV'T-POHLMAN Well Number: 1
8. Location: QtrQtr: NWNW Section: 15 Township: 4N Range: 91W Meridian: 6
Footage at surface: Distance: 225 feet Direction: FNL Distance: 260 feet Direction: FWL
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.: 225 feet. Direction: FNL Dist.: 260 feet. Direction: FWL

Sec: 15 Twp: 14N Rng: 91W

** If directional footage at Bottom Hole Dist.: 225 feet. Direction: FNL Dist.: 260 feet. Direction: FWL

Sec: 15 Twp: 14N Rng: 91W

9. Field Name: MOFFAT 10. Field Number: 55700

11. Federal, Indian or State Lease Number: 37924

12. Spud Date: (when the 1st bit hit the dirt) 09/11/1926 13. Date TD: 02/12/1927 14. Date Casing Set or D&A: _____

15. Well Classification:

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

16. Total Depth MD 4128 TVD** 4128 17 Plug Back Total Depth MD 3161 TVD** 3161

18. Elevations GR 6985 KB 6988 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:

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
CONDUCTOR		20		0					CALC
SURF	12+1/2	10+3/4		0	423	50	60	423	CALC
1ST	10	7		0	2,476	50	1,888	2,476	CALC
1ST LINER		5+1/2		0	2,150	58	200	2,150	CBL
2ND LINER		5+1/2		2169	3,140	0			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	
MANCOS	0	3,140	<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: JOHN THOMAS

Title: OPERATIONS ENGINEER Date: _____ Email: JTHOMAS@RLBAYLESS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" 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"/>
400656501	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
400656482	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)