

FORM
5Rev
09/14

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:

400739683

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

OGCC Operator Number: 10261

Contact Name: Sean McClaren

Name of Operator: BAYSWATER EXPLORATION AND PRODUCTION

Phone: (720) 881-4479

Address: 730 17TH ST STE 610

Fax:

City: DENVER

State: CO

Zip: 80202

API Number 05-121-11041-00

County: WASHINGTON

Well Name: Craig

Well Number: 44-18

Location: QtrQtr: SESE Section: 18 Township: 4S Range: 49W Meridian: 6

Footage at surface: Distance: 1110 feet Direction: FSL Distance: 962 feet Direction: FEL

As Drilled Latitude: 39.702061 As Drilled Longitude: -102.900180

GPS Data:

Date of Measurement: 10/29/2013 PDOP Reading: 1.4 GPS Instrument Operator's Name: Owen McKee

** 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:

Field Name: WILDCAT

Field Number: 99999

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 02/27/2014 Date TD: 03/05/2014 Date Casing Set or D&A: 03/05/2014

Rig Release Date: 03/05/2014 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 3803 TVD** Plug Back Total Depth MD TVD**

Elevations GR 4502 KB 4490 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

ML-GR, DAL-GR, HDIL-ZDL-CN-GR, BHP

CASING, LINER AND CEMENT

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	227	85	0	227	VISU

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:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Joe Richardson

Title: Sr. Operations Engineer Date: _____ Email: jrichardson@bayswater.us

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"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400749869	PDF-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400749870	PDF-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400749872	PDF-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400749873	PDF-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group Comment Comment Date

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Total: 0 comment(s)