

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



DE ET OE ES

Document Number:

400741588

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: Paul Gottlob

Name of Operator: BAYSWATER EXPLORATION AND PRODUCTION

Phone: (720) 420-5747

Address: 730 17TH ST STE 610

Fax:

City: DENVER

State: CO

Zip: 80202

API Number 05-123-39684-00

County: WELD

Well Name: Gilbert

Well Number: 17-22

Location: QtrQtr: SWSW Section: 15 Township: 7N Range: 67W Meridian: 6

Footage at surface: Distance: 207 feet Direction: FSL Distance: 1011 feet Direction: FWL

As Drilled Latitude: 40.567527 As Drilled Longitude: -104.885178

GPS Data:

Date of Measurement: 11/08/2014

PDOP Reading: 1.6

GPS Instrument Operator's Name: Bart Pfeifer

** If directional footage at Top of Prod. Zone Dist.: 1018 feet. Direction: FNL Dist.: 1624 feet. Direction: FEL

Sec: 22 Twp: 7N Rng: 67W

** If directional footage at Bottom Hole Dist.: 1031 feet. Direction: FNL Dist.: 1617 feet. Direction: FEL

Sec: 22 Twp: 7N Rng: 67W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 07/08/2014 Date TD: 07/15/2014 Date Casing Set or D&A: 07/16/2014

Rig Release Date: 07/28/2014 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 8280 TVD** 7428 Plug Back Total Depth MD 8242 TVD** 7403

Elevations GR 5053 KB 5065

Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

CBL.pdf, Triple Combo.pdf & .las

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	815	313	0	825	VISU
1ST	7+7/8	4+1/2	11.6	0	8,258	1,216	1,044	8,280	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:

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	
SUSSEX	4,954		NO	NO	
NIOBRARA	7,840	8,164	NO	NO	
CODELL	8,164		NO	NO	

Comment:

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

Signed: _____

Print Name: Paul Gottlob

Title: Regulatory & Engin. Tech.

Date: _____

Email: paul.gottlob@iptenergyservices.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
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Attachment Checklist

400741653	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400741789	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"/>
400809898	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

Other Attachments

400741756	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400741772	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400741778	PDF-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400741790	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)