

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:

400835074

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 05-123-40701-00

County: WELD

Well Name: Matrix

Well Number: J-29HN

Location: QtrQtr: SESW Section: 29 Township: 6N Range: 65W Meridian: 6

Footage at surface: Distance: 502 feet Direction: FSL Distance: 2186 feet Direction: FWL

As Drilled Latitude: As Drilled Longitude:

GPS Data:

Date of Measurement: PDOP Reading: GPS Instrument Operator's Name:

** If directional footage at Top of Prod. Zone Dist.: 806 feet. Direction: FSL Dist.: 2451 feet. Direction: FWL

Sec: 29 Twp: 6N Rng: 65W

** If directional footage at Bottom Hole Dist.: 465 feet. Direction: FNL Dist.: 2450 feet. Direction: FWL

Sec: 29 Twp: 6N Rng: 65W

Field Name: GREELEY

Field Number: 32760

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 01/07/2015 Date TD: 03/08/2015 Date Casing Set or D&A: 03/09/2015

Rig Release Date: 03/21/2015 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 11545 TVD** 7027 Plug Back Total Depth MD 11541 TVD** 7027

Elevations GR 4708 KB 4731

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

List Electric Logs Run:

Mud in .las & .pdf, Gamma in .las & .pdf, CBL

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	9+5/8	36	0	748	250	0	748	VISU
1ST	8+3/4	7	26	0	7,505	660		7,505	CBL
1ST LINER	6+1/8	4+1/2	11.6	6550	11,541				

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	
SHARON SPRINGS	6,824	6,915	NO	NO	
NIOBRARA	7,270	11,541	NO	NO	

Comment:

TOC for 7" csg, CBL & As Built data will be submitted with Final Form 5.

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 ?
<u>Attachment Checklist</u>		
400855295	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400859219	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>		
400855374	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400855376	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400855390	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400855391	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400859221	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)