

FORM 5
Rev 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:
400513335

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: Joe Richardson
Name of Operator: BAYSWATER EXPLORATION AND PRODUCTION Phone: (303) 242-1844
Address: 730 17TH ST STE 610 Fax:
City: DENVER State: CO Zip: 80202

API Number 05-123-37280-00 County: WELD
Well Name: Albrighton Well Number: 1-10
Location: QtrQtr: SWSW Section: 10 Township: 6N Range: 64W Meridian: 6
Footage at surface: Distance: 1170 feet Direction: FSL Distance: 1318 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.: 766 feet. Direction: FSL Dist.: 768 feet. Direction: FWL
Sec: 10 Twp: 6N Rng: 64W
** If directional footage at Bottom Hole Dist.: 768 feet. Direction: FSL Dist.: 769 feet. Direction: FWL
Sec: 10 Twp: 6N Rng: 64W

Field Name: HARLECH Field Number: 33560
Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 05/17/2013 Date TD: 05/20/2013 Date Casing Set or D&A: 05/21/2013
Rig Release Date: 05/21/2013 Per Rule 308A.b.

Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 7244 TVD** 7186 Plug Back Total Depth MD 7210 TVD** 7152

Elevations GR 4808 KB 4822 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
Density, Gamma Ray, Resistivity, Induction, 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	8+5/8	24	0	756	500	0	756	VISU
1ST	7+7/8	4+1/2	11.6	0	7,230	922	420	7,230	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	
PARKMAN	3,714		NO	NO	
SUSSEX	4,490		NO	NO	
TEEPEE BUTTES	5,969		NO	NO	
NIOBRARA	6,755		NO	NO	
FORT HAYS	7,028		NO	NO	
CODELL	7,061		NO	NO	

Comment:

This well was drilled by the original operator, St James Energy. The current operator, Bayswater, purchased this well after it had been drilled. No Form 5 was submitted by St James. Bayswater has scheduled a surveyor to take as-built GPS coordinates, and they will be submitted via Form 4 Sundry by the end of March.

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. Production Engineer

Date: _____

Email: jrichardson@bayswater.u

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400562617	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400513419	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"/>
Other Attachments			
400513411	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400513412	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400513415	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400513423	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)