

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.

Document Number:
400861603

Date Received:

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 05-123-40897-00 County: WELD

Well Name: Sherley Well Number: F-4-9HN

Location: QtrQtr: NWNW Section: 4 Township: 5N Range: 65W Meridian: 6

Footage at surface: Distance: 531 feet Direction: FNL Distance: 713 feet Direction: FWL

As Drilled Latitude: 40.434330 As Drilled Longitude: -104.675159

GPS Data:
Date of Measurement: 08/20/2015 PDOP Reading: 2.8 GPS Instrument Operator's Name: BRAD THOMPSON

** If directional footage at Top of Prod. Zone Dist.: 842 feet. Direction: FNL Dist.: 1453 feet. Direction: FWL
Sec: 4 Twp: 5N Rng: 65W

** If directional footage at Bottom Hole Dist.: 470 feet. Direction: FSL Dist.: 1460 feet. Direction: FWL
Sec: 9 Twp: 5N Rng: 65W

Field Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 03/10/2015 Date TD: 05/20/2015 Date Casing Set or D&A: 05/22/2015

Rig Release Date: 07/09/2015 Per Rule 308A.b.

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

Total Depth MD 16770 TVD** 6885 Plug Back Total Depth MD 16758 TVD** 6885

Elevations GR 4641 KB 4666 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
MWD, Mud, Gamma, 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
CONDUCTOR	26	16	43	0	80	400	0	80	VISU
SURF	12+1/4	9+5/8	36	0	831	275	0	831	VISU
1ST	8+3/4	7	29	0	7,391	700	0	7,391	CBL
1ST LINER	6+1/8	4+1/2	13.5	6540	16,766	565	6,540	16,766	CALC

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	3,670		NO	NO	
SUSSEX	4,368	4,480	NO	NO	
SHARON SPRINGS	6,836		NO	NO	
NIOBRARA	6,926		NO	NO	

Comment:

The Interpolated TPZ is the planned upper perfs at a depth of 7401' (10' below the 7" setting depth) which will give the stated TPZ footages - any changes to this will be reported on the Form 5A.

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 ?	
Attachment Checklist			
400862639	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400863591	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			
400862642	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400863587	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400865307	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400865310	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400876988	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401019085	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401019088	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401019090	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401019092	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

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

Total: 0 comment(s)