

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:
401044120

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 05-123-39842-01 County: WELD

Well Name: Mojack Well Number: N-28HC

Location: QtrQtr: NWNE Section: 28 Township: 7N Range: 64W Meridian: 6

Footage at surface: Distance: 230 feet Direction: FNL Distance: 1716 feet Direction: FEL

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.: _____ 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: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 03/13/2016 Date TD: 03/14/2016 Date Casing Set or D&A: 03/14/2016

Rig Release Date: 03/23/2016 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 7532 TVD** _____ Plug Back Total Depth MD 6550 TVD** _____

Elevations GR 4900 KB 4923 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:

NONE

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	13+1/2	9+5/8	36	0	1,550	700	0	1,550	VISU
OPEN HOLE	8+3/4			0	7,532				

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 03/22/2016

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	OPEN HOLE	7,450	444	6,550	7,450

Details of work:

Trip in w/ 533' of 2-7/8" tubing on the bottom of 5" drill pipe, Trip in to 7,450' & Pump 15 BBL of mud flush.
Mix and pump 444 sx of G Cement, 17#, .99 yield.
Pump 5 bbls of weighted sweep follow by 102 bbls of drilling mud.
Rig down Baker, Displacement is Balanced.

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	6,900		NO	NO	
NIOBRARA	6,962		NO	NO	
FORT HAYS	7,292		NO	NO	
CODELL	7,836		NO	NO	

Comment:

As Drilled data & Upper Formations of Parkman & Sussex will be submitted with the Sidetrack -02 Form 5.
The Rig Release Date entered is the day after this 01 Sidetrack Open Hole was abandoned with a 90' Cement Plug & all tools had been POOH.
No Logs were run on this unplanned 01 Sidetrack.
Directional Survey was not done on the aprx. 29' of 01 Sidetrack.

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			
401044260	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input 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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
401044126	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401044127	WELLBORE DIAGRAM	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)