

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



Document Number:

400569943

Date Received:

10/09/2014

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type Final completion Preliminary completion

OGCC Operator Number: <u>10261</u>	Contact Name: <u>PAUL GOTTLÖB</u>
Name of Operator: <u>BAYSWATER EXPLORATION AND PRODUCTION</u>	Phone: <u>(720) 420-5700</u>
Address: <u>730 17TH ST STE 610</u>	Fax: <u>(720) 420-5800</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

API Number <u>05-123-37693-00</u>	County: <u>WELD</u>
Well Name: <u>Blehm</u>	Well Number: <u>9-19</u>
Location: QtrQtr: <u>NESE</u> Section: <u>19</u> Township: <u>7N</u> Range: <u>67W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>1785</u> feet Direction: <u>FSL</u> Distance: <u>518</u> feet Direction: <u>FEL</u>	
As Drilled Latitude: <u>40.557412</u> As Drilled Longitude: <u>-104.928720</u>	

GPS Data:
Date of Measurement: 06/19/2014 PDOP Reading: 1.9 GPS Instrument Operator's Name: Bart Phifer

** 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) 01/06/2014 Date TD: 01/10/2014 Date Casing Set or D&A: 01/11/2014
Rig Release Date: 01/12/2014 Per Rule 308A.b.

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

Total Depth MD <u>7216</u> TVD** _____	Plug Back Total Depth MD <u>7206</u> TVD** _____
Elevations GR <u>4978</u> KB <u>4991</u>	Digital Copies of ALL Logs must be Attached per Rule 308A <input checked="" type="checkbox"/>

List Electric Logs Run:
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	795	310	0	795	VISU
1ST	7+7/8	4+1/2	11.6	0	7,206	855	695	7,206	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	3,162		NO	NO	
SUSSEX	3,950		NO	NO	
SHANNON	4,280		NO	NO	
NIOBRARA	6,630		NO	NO	
FORT HAYS	6,890		NO	NO	
CODELL	6,940		NO	NO	

Operator Comments

Per operator: "unable to get downhole with the openhole tools on this well."

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

Signed: _____

Print Name: PAUL GOTTLÖB

Title: CONSULTANT

Date: 10/9/2014

Email: paul.gottlob@iptenergyservices.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400569955	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 checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
400569943	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400569949	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Per operator: "I just heard back from my contact at Pioneer and he told me that we they were unable to get downhole with the openhole tools on this well. Therefore, they do not have the logs on their digital database."	7/13/2016 10:10:52 AM
Permit	Input as-built GPS, per operator.	4/20/2016 3:28:38 PM
Permit	THIS FORM WAS SUBMITTED BY ORIGINAL OPERATOR. WELL WAS LATER SOLD TO A NEW OPERATOR. COGCC ENGINEERING WILL NEED TO MANUALLY CORRECT OPERATOR NAME IN WELL UPDATE AFTER PASSING THIS FORM, OTHERWISE OLD OPERATOR NAME WILL OVERWRITE CURRENT OPERATOR NAME.	4/8/2016 11:45:04 AM
Permit	1) As-built GPS data missing. 2) CBL is only log that was attached, but a triple combo log is referenced. Is this log available?	4/8/2016 11:44:53 AM

Total: 4 comment(s)