

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:
401144829

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 05-123-43609-00 County: WELD
 Well Name: Thornton Well Number: I-29-30HN
 Location: QtrQtr: SWNW Section: 28 Township: 7N Range: 66W Meridian: 6
 Footage at surface: Distance: 1674 feet Direction: FNL Distance: 355 feet Direction: FWL
 As Drilled Latitude: 40.548542 As Drilled Longitude: -104.791535

GPS Data:
 Date of Measurement: 10/28/2016 PDOP Reading: 1.9 GPS Instrument Operator's Name: ALAN HNIZDO

** If directional footage at Top of Prod. Zone Dist.: 1821 feet. Direction: FNL Dist.: 470 feet. Direction: FEL
 Sec: 29 Twp: 7N Rng: 66W
 ** If directional footage at Bottom Hole Dist.: 1806 feet. Direction: FNL Dist.: 471 feet. Direction: FWL
 Sec: 30 Twp: 7N Rng: 66W

Field Name: WATTENBERG Field Number: 90750
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 11/03/2016 Date TD: 11/24/2016 Date Casing Set or D&A: 11/27/2016
 Rig Release Date: 01/16/2017 Per Rule 308A.b.

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

Total Depth MD 17539 TVD** 7234 Plug Back Total Depth MD 17512 TVD** 7234
 Elevations GR 4906 KB 4924 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, Mud, MWD, (RGR on API 05-123-43596)

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	42	0	80	400	0	80	VISU
SURF	13+1/2	9+5/8	36	0	1,544	405	0	1,544	VISU
1ST	8+1/2	5+1/2	20	0	17,531	2,893	800	17,531	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	3,817		NO	NO	
SUSSEX	4,977		NO	NO	
SHARON SPRINGS	7,109		NO	NO	
NIOBRARA	7,155		NO	NO	

Comment:

The "As Builts" were done on the Conductor Casing which was previously set.
The stated footages for the TPZ are at MD 7585', TVD 7249', if changed upon completion this will be updated 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			
401188245	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401188250	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			
401188248	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401188279	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401188281	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401188282	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401188288	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401188289	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401219951	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401219953	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>
		Stamp Upon Approval

Total: 0 comment(s)