

DRILLING COMPLETION REPORT

Document Number:
401605461

Date Received:

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: PAUL GOTTLÖB
 Name of Operator: BAYSWATER EXPLORATION & PRODUCTION LLC Phone: (720) 420-5747
 Address: 730 17TH ST STE 500 Fax: _____
 City: DENVER State: CO Zip: 80202

API Number 05-123-45589-00 County: WELD
 Well Name: Booth Well Number: W-8-7HC
 Location: QtrQtr: SESE Section: 8 Township: 6N Range: 66W Meridian: 6
 Footage at surface: Distance: 1231 feet Direction: FSL Distance: 248 feet Direction: FEL
 As Drilled Latitude: 40.498766 As Drilled Longitude: -104.793338

GPS Data:
 Date of Measurement: 11/22/2017 PDOP Reading: 2.1 GPS Instrument Operator's Name: AARON RIVERA

** If directional footage at Top of Prod. Zone Dist.: 313 feet. Direction: FSL Dist.: 470 feet. Direction: FEL
 Sec: 8 Twp: 6N Rng: 66W
 ** If directional footage at Bottom Hole Dist.: 315 feet. Direction: FSL Dist.: 2185 feet. Direction: FEL
 Sec: 7 Twp: 6N Rng: 66W

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

Spud Date: (when the 1st bit hit the dirt) 11/30/2017 Date TD: 03/16/2018 Date Casing Set or D&A: 03/17/2018
 Rig Release Date: 03/19/2018 Per Rule 308A.b.

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

Total Depth MD 15916 TVD** 7233 Plug Back Total Depth MD 15880 TVD** 7233
 Elevations GR 4807 KB 4825 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
MWD, Mud, CBL, DIL in API# 05-123-12093 and API# 05-123-22620

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	1,535	415	0	1,535	VISU
1ST	8+1/2	5+1/2	20	0	15,902	2,415	1,125	15,902	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	3,809		NO	NO	
SUSSEX	4,169		NO	NO	
SHANNON	4,524		NO	NO	
NIOBRARA	6,936		NO	NO	
SHARON SPRINGS	7,127		NO	NO	
FORT HAYS	7,650		NO	NO	
CODELL	7,692		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 8884', TVD 7257', if changed upon completion this will be updated on the Form 5A. The stated footages for the BHL are at MD 15916', TVD 7233', if changed upon completion this will be updated on the Form 5A (THIS DEPTH IS STATED ON THE LAST LINE ON PAGE 7 OF THE AS DRILLED DIRECTIONAL SURVEY)

No open-hole resistivity logs were run and a Rule 317.p Exception was granted for this well. Completion anticipated for 2nd to 3rd quarter, 2018.

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: Regulatory & Engin. Tech.

Date: _____

Email: paul.gottlob@iptenergyservices.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
401628403	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401628402	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			
401628399	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401628406	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401628407	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401628408	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401628410	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401628411	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401628413	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401628414	PDF-MWD/LWD	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)