

FORM  
5

Rev  
02/20

# 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:

401470735

Date Received:

11/21/2019

## 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/or 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 &amp; PRODUCTION LLC</u>	Phone: <u>(720) 420-5747</u>
Address: <u>730 17TH ST STE 500</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>paul.gottlob@iptenergyservices.com</u>

API Number <u>05-123-43662-00</u>	County: <u>WELD</u>
Well Name: <u>Ward</u>	Well Number: <u>R-20-19HN</u>
Location: QtrQtr: <u>SESE</u> Section: <u>20</u> Township: <u>6N</u> Range: <u>66W</u> Meridian: <u>6</u>	
	FNL/FSL <span style="float: right;">FEL/FWL</span>
Footage at surface: Distance: <u>349</u> feet Direction: <u>FSL</u> Distance: <u>213</u> feet Direction: <u>FEL</u>	
As Drilled Latitude: <u>40.467358</u> As Drilled Longitude: <u>-104.793153</u>	
GPS Data: GPS Quality Value: <u>1.6</u> Type of GPS Quality Value: <u>PDOP</u> Date of Measurement: <u>11/30/2017</u>	
GPS Instrument Operator's Name: <u>CHARLES SCOTT</u>	FNL/FSL <span style="float: right;">FEL/FWL</span>
** If directional footage at Top of Prod. Zone Dist: <u>1477</u> feet Direction: <u>FSL</u> Dist: <u>630</u> feet Direction: <u>FEL</u>	
Sec: <u>20</u> Twp: <u>6N</u> Rng: <u>66W</u>	FNL/FSL <span style="float: right;">FEL/FWL</span>
** If directional footage at Bottom Hole Dist: <u>1467</u> feet Direction: <u>FSL</u> Dist: <u>471</u> feet Direction: <u>FEL</u>	
Sec: <u>19</u> Twp: <u>6N</u> Rng: <u>66W</u>	
Field Name: <u>WATTENBERG</u> Field Number: <u>90750</u>	
Federal, Indian or State Lease Number: _____	

Spud Date: (when the 1st bit hit the dirt) 06/29/2017 Date TD: 10/07/2017 Date Casing Set or D&A: 10/09/2017  
Rig Release Date: 11/23/2017 Per Rule 308A.b.

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

Total Depth MD <u>17739</u> TVD** <u>6913</u> Plug Back Total Depth MD <u>17674</u> TVD** <u>6913</u>
Elevations GR <u>4728</u> KB <u>47453</u> Digital Copies of ALL Logs must be Attached per Rule 308A <input checked="" type="checkbox"/>

List Electric Logs Run:  
MWD, Mud, CBL, DIL on API# 05-123-43651

### 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	20	43	0	80	400	0	80	VISU
SURF	13+1/2	9+5/8	36	0	1,552	425	0	1,552	VISU
1ST	8+1/2	5+1/2	20	0	17,723	2,795	1,290	17,723	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	3,635		NO	NO	
SUSSEX	4,045		NO	NO	
SHANNON	4,392		NO	NO	
SHARON SPRINGS	6,979		NO	NO	
NIOBRARA	7,037		NO	NO	

Operator Comments:

The stated footages for the TPZ are at MD 7505', TVD 6958', if changed upon completion this will be updated on the Form 5A.  
 The BHL will need to be adjusted as well based upon the lowest Perforation/Sliding Sleeve and will be updated on the Form 5A.  
 Alternative Logging Program – No Open Hole Logs were Run: DIL on API# 05-123-43651, Ward V-20-19HN.

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: 11/21/2019 Email: paul.gottlob@iptenergyservices.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
401477634	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401477635	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401477633	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"/>
<u>Other Attachments</u>			
401470735	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401477627	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401481350	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401481351	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401481623	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401481624	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401484242	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401484244	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>
Permit	Corrected RKB per directional survey. Corrected and confirmed TPZ. Pass.	09/01/2020
Engineer	rt'd to DRAFT again - drilling tab now wrong for reporting logs run	11/21/2019
Engineer	rt'd to DRAFT - missing Submit tab portion of Reporting Logs Run	09/24/2019

Total: 3 comment(s)

