


FORM 5 Rev 02/08	State of Colorado Oil and Gas Conservation Commission 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number: <div style="border: 1px solid black; padding: 5px; text-align: center;">2591418</div>	DE	ET	OE	ES
DE	ET	OE	ES				
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.							
Completion Type <input checked="" type="checkbox"/> Final completion <input type="checkbox"/> Preliminary completion							
1. OGCC Operator Number: <u>6720</u>		4. Contact Name: <u>HABIB GUERRERO</u>					
2. Name of Operator: <u>BAYLESS PRODUCER LLC* ROBERT L</u>		Phone: <u>(505) 326-2659</u>					
3. Address: <u>621 17TH ST STE 2300</u>		Fax: <u>(505) 326-6911</u>					
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80293</u>					
5. API Number <u>05-103-11781-00</u>		6. County: <u>RIO BLANCO</u>					
7. Well Name: <u>Weaver Ridge</u>		Well Number: <u>13-9 H</u>					
8. Location: QtrQtr: <u>NESE</u>	Section: <u>13</u>	Township: <u>1S</u>	Range: <u>104W</u>				
Footage at surface: Distance: <u>2075</u> feet		Direction: <u>FSL</u>					
As Drilled Latitude: <u>39.959649</u>		As Drilled Longitude: <u>-109.010824</u>					
GPS Data: Data of Measurement: <u>10/15/2010</u> PDOP Reading: <u>1.4</u> GPS Instrument Operator's Name: <u>SEE SLAUGH</u>							
** If directional footage at Top of Prod. Zone		Dist.: <u>1360</u> feet. Direction: <u>FSL</u> Dist.: <u>1949</u> feet. Direction: <u>FEL</u>					
Sec: <u>13</u> Twp: <u>1S</u> Rng: <u>104W</u>							
** If directional footage at Bottom Hole		Dist.: <u>133</u> feet. Direction: <u>FNL</u> Dist.: <u>1204</u> feet. Direction: <u>FWL</u>					
Sec: <u>24</u> Twp: <u>1S</u> Rng: <u>104W</u>							
9. Field Name: <u>BANTA RIDGE</u>		10. Field Number: <u>5200</u>					
11. Federal, Indian or State Lease Number: <u>COC58704</u>							
12. Spud Date: (when the 1st bit hit the dirt) <u>10/14/2010</u> 13. Date TD: <u>11/21/2010</u> 14. Date Casing Set or D&A: <u>11/23/2010</u>							
15. Well Classification: <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas/Coalbed <input type="checkbox"/> Disposal <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Storage <input type="checkbox"/> Observation							
16. Total Depth MD <u>7481</u> TVD** <u>4300</u>		17 Plug Back Total Depth MD <u>7456</u> TVD** <u>4275</u>					
18. Elevations GR <u>5858</u> KB <u>5874</u>		One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.					
19. List Electric Logs Run: <div style="border: 1px solid black; padding: 2px;">N/A</div>							

20. Casing, Liner and Cement:

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	20	14		0	40	38	0	40	CALC
SURF	12+1/4	9+5/8		0	531	225	0	550	CALC
1ST	8+3/4	7		0	4,874	710	0	4,897	CBL
1ST LINER	6+1/8	4+1/2		3627	7,475	0	0	0	

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
GREEN RIVER	0	916	<input type="checkbox"/>	<input type="checkbox"/>	
WASATCH	916	1,382	<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	1,382	2,550	<input type="checkbox"/>	<input type="checkbox"/>	
CASTLEGATE	3,050	3,220	<input type="checkbox"/>	<input type="checkbox"/>	
MANCOS	3,220	4,034	<input type="checkbox"/>	<input type="checkbox"/>	
MANCOS A	4,034	4,874	<input type="checkbox"/>	<input type="checkbox"/>	
MANCOS B	4,874	7,481	<input type="checkbox"/>	<input type="checkbox"/>	

Comment: _____

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

Signed: _____ Print Name: HABIB GUERRERO

Title: OPERATIONS ENGINEER Date: 11/30/2010 Email: HGUERREROA@RLBAYLESS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2591420	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2591419	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 type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
2591418	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

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General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	OH completion, no logs req on APD	5/3/2011 8:49:28 AM
Public Room	UNRECOGNIZED FORMATIONS W/MEASURED DEPTHS (TOP - BOTTOM): UPPER SEGO 2550 2754 LOWER SEGO 2754 2810 BUCK TONGUE 2810 3050	2/23/2011 9:46:24 AM

Total: 2 comment(s)