

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



DE	ET	OE	ES
----	----	----	----

Document Number:

1634584

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 Final completion Preliminary completion

1. OGCC Operator Number: 10261 4. Contact Name: DON BARBULA
 2. Name of Operator: BAYSWATER EXPLORATION AND PRODUCTION LL Phone: (303) 893-2503
 3. Address: 730 17TH ST STE 610 Fax: (303) 893-2508
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-32187-00 6. County: WELD
 7. Well Name: Ahnstedt Well Number: 10-4
 8. Location: QtrQtr: NWSE Section: 4 Township: 6N Range: 65W Meridian: 6
 Footage at surface: Distance: 2224 feet Direction: FSL Distance: 1882 feet Direction: FEL
 As Drilled Latitude: 40.514651 As Drilled Longitude: -104.665594

GPS Data:
 Data of Measurement: 02/09/2011 PDOP Reading: 2.4 GPS Instrument Operator's Name: DAVID METZLER

** 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: _____

9. Field Name: EATON 10. Field Number: 19350
 11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 12/14/2010 13. Date TD: 12/19/2010 14. Date Casing Set or D&A: 12/20/2010

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

16. Total Depth MD 7323 TVD** _____ 17 Plug Back Total Depth MD 7291 TVD** _____

18. Elevations GR 4768 KB 4779 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:
TRIPLE-COMBO, CBL

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
SURF	12+1/4	8+5/8		0	561	400	0	561	
1ST	7+7/8	4+1/2		0	7,307	905	150	7,307	CBL

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	
PARKMAN	3,725	3,901	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,125	4,225	<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,405	4,450	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,817	7,068	<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,068	7,102	<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,102	7,122	<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: DON BARBULA

Title: SR VP Date: 2/24/2011 Email: DBARBULA@BAYSWATER.US

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
1634585	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
1634584	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

General Comments

User Group

Comment

Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)