

FORM
5Rev
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:

1636283

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: KEVIN KANE

2. Name of Operator: BAYSWATER EXPLORATION AND PRODUCTION

Phone: (303) 893-2503

3. Address: 730 17TH ST STE 610

Fax: (303) 893-2508

City: DENVER State: CO Zip: 80202

5. API Number 05-123-32646-00

6. County: WELD

7. Well Name: NOCO ENERGIE

Well Number: 4-3

8. Location: QtrQtr: NENW Section: 3 Township: 6N Range: 65W Meridian: 6

Footage at surface: Distance: 1050 feet Direction: FNL Distance: 1364 feet Direction: FWL

As Drilled Latitude: 40.520448 As Drilled Longitude: -104.653865

GPS Data:

Date of Measurement: 04/15/2011 PDOP Reading: 1.6 GPS Instrument Operator's Name: DAVID METZLER

** If directional footage at Top of Prod. Zone Dist.: 563 feet. Direction: FNL Dist.: 507 feet. Direction: FWL

Sec: 3 Twp: 6N Rng: 65W

** If directional footage at Bottom Hole Dist.: 563 feet. Direction: FNL Dist.: 507 feet. Direction: FWL

Sec: 3 Twp: 6N Rng: 65W

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) 02/24/2011 13. Date TD: 02/27/2011 14. Date Casing Set or D&A: 02/28/2011

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 7480 TVD** 7356 17 Plug Back Total Depth MD 7442 TVD** 7318

18. Elevations GR 4779 KB 4791

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:

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	618	440	0	618	VISU
1ST	7+7/8	4+1/2		0	7,465	870	2,165	7,465	CALC

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	3,840		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,596		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,950		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,230		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,260		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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

Signed: _____ Print Name: KEVIN KANE

Title: OPERATIONS MGR Date: 5/13/2011 Email: KKANE@BAYSWATER.US

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2072630	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
1636284	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>					
1636283	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	REC CMT TKTS	3/2/2011 8:35:03 AM
Permit	D/S RE-SCANNED, WAITING ON CMT TKTS	3/2/2011 2:19:05 PM
Permit	REQ CMT TKTS & RE-SCAN OF D/S	8/2/2011 10:40:06 AM

Total: 3 comment(s)