

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:

400255413

Date Received:

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: CLAYTON DOKE

2. Name of Operator: BAYSWATER EXPLORATION AND PRODUCTION

Phone: (970) 669-7411

3. Address: 730 17TH ST STE 610

Fax: (907) 669-4077

City: DENVER State: CO Zip: 80202

5. API Number 05-123-34743-00

6. County: WELD

7. Well Name: Bosworth-Bailey

Well Number: 16-31

8. Location: QtrQtr: SESE Section: 31 Township: 7N Range: 66W Meridian: 6

Footage at surface: Distance: 717 feet Direction: FSL Distance: 203 feet Direction: FEL

As Drilled Latitude: 40.525617 As Drilled Longitude: -104.813804

GPS Data:

Date of Measurement: 03/30/2012 PDOP Reading: 2.6 GPS Instrument Operator's Name: Owen McKee

** If directional footage at Top of Prod. Zone Dist.: 669 feet. Direction: FSL Dist.: 678 feet. Direction: FEL

Sec: 31 Twp: 7N Rng: 66W

** If directional footage at Bottom Hole Dist.: 665 feet. Direction: FSL Dist.: 677 feet. Direction: FEL

Sec: 31 Twp: 7N Rng: 66W

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) 02/19/2012 13. Date TD: 02/22/2012 14. Date Casing Set or D&A: 02/23/2012

15. Well Classification:

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

16. Total Depth MD 7607 TVD** 7571 17 Plug Back Total Depth MD 7578 TVD** 7542

18. Elevations GR 4876 KB 4892

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:

Density, Neutron, Induction, 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 | 24 | 0 | 956 | 670 | 0 | 956 | VISU |
| 1ST | 7+7/8 | 4+1/2 | 11.6 | 956 | 7,595 | 865 | 3,140 | 7,595 | CBL |

STAGE/TOP OUT/REMEDIAL CEMENT

| | | | | | |
|-------------------------|--------|-----------------------------------|---------------|------------|---------------|
| Cement work date: _____ | | | | | |
| Method used | String | Cementing tool setting/pref depth | Cement volume | Cement top | Cement bottom |
| | | | | | |
| Details of work: | | | | | |

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 | 3,761 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SUSSEX | 4,527 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SHANNON | 4,902 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 7,050 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| FORT HAYS | 7,354 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CODELL | 7,375 | | <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: CLAYTON DOKE

Title: PETROLEUM ENGINEER Date: _____ Email: cdoke@petersonenergy.com

Attachment Check List

| Att Doc Num | Document Name | attached ? |
|-----------------------------|------------------------|---|
| <u>Attachment Checklist</u> | | |
| 400255419 | CMT Summary * | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 400261804 | 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> | | |
| 400261803 | PDF-CEMENT BOND | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400261826 | DIRECTIONAL DATA | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400262333 | LAS-TRIPLE COMBINATION | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

General Comments

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

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Total: 0 comment(s)