

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:

400260168

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: (970) 669-4077

City: DENVER State: CO Zip: 80202

5. API Number 05-123-34744-00

6. County: WELD

7. Well Name: Bosworth-Bailey

Well Number: 9-31

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

Footage at surface: Distance: 717 feet Direction: FSL Distance: 173 feet Direction: FEL

As Drilled Latitude: 40.525613 As Drilled Longitude: -104.813695

GPS Data:

Data of Measurement: 03/30/2012 PDOP Reading: 1.7 GPS Instrument Operator's Name: Owen McKee

** If directional footage at Top of Prod. Zone Dist.: 2092 feet. Direction: FSL Dist.: 665 feet. Direction: FEL

Sec: 31 Twp: 7N Rng: 66W

** If directional footage at Bottom Hole Dist.: 2065 feet. Direction: FSL Dist.: 647 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) 03/01/2012 13. Date TD: 03/06/2012 14. Date Casing Set or D&A: 03/07/2012

15. Well Classification:

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

16. Total Depth MD 7803 TVD** 7564 17 Plug Back Total Depth MD 7772 TVD** 7533

18. Elevations GR 4875 KB 4891

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	957	670	0	957	VISU
1ST	7+7/8	4+1/2	11.6	0	7,789	920	2,071	7,789	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	3,830		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,425		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,070		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,290		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,582		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,604		<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>		
400260169	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400261675	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>		
400261649	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400261674	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400261676	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)