

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:
400261071

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
2. Name of Operator: BAYSWATER EXPLORATION AND PRODUCTION
3. Address: 730 17TH ST STE 610
City: DENVER State: CO Zip: 80202
4. Contact Name: CLAYTON DOKE
Phone: (970) 669-7411
Fax: (970) 669-4077

5. API Number 05-123-34203-00
6. County: WELD
7. Well Name: Wilson Well Number: 3-26
8. Location: QtrQtr: NENW Section: 26 Township: 7N Range: 64W Meridian: 6
Footage at surface: Distance: 659 feet Direction: FNL Distance: 1983 feet Direction: FWL
As Drilled Latitude: 40.549732 As Drilled Longitude: -104.519171

GPS Data:

Date of Measurement: 11/18/2011 PDOP Reading: 2.9 GPS Instrument Operator's Name: Owen McKee

** 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: WATTENBERG 10. Field Number: 90750

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 10/12/2011 13. Date TD: 10/15/2011 14. Date Casing Set or D&A: 10/16/2011

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7292 TVD** 17 Plug Back Total Depth MD 7249 TVD**

18. Elevations GR 4820 KB 4831

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	758	540	0	758	VISU
1ST	7+7/8	4+1/2	11.6	0	7,274	825	2,862	7,274	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	3,762		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,321		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,100		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,755		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,038		<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>			
400261154	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 checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400261108	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400261153	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)