

FORM
5Rev
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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

Document Number:

400281425

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 05-123-34762-00

6. County: WELD

7. Well Name: Hergert

Well Number: 1-35

8. Location: QtrQtr: NENE Section: 35 Township: 7N Range: 67W Meridian: 6

Footage at surface: Distance: 660 feet Direction: FNL Distance: 660 feet Direction: FEL

As Drilled Latitude: 40.536078 As Drilled Longitude: -104.853355

GPS Data:

Date of Measurement: 04/04/2012 PDOP Reading: 2.0 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) 01/18/2012 13. Date TD: 01/22/2012 14. Date Casing Set or D&A: 01/23/2012

15. Well Classification:

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

16. Total Depth MD 7495 TVD** 17 Plug Back Total Depth MD 7649 TVD**

18. Elevations GR 4911 KB 4922

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:

Neutron, Density, 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	561	400	0	561	VISU
1ST	7+7/8	4+1/2	11.6	0	7,486	920	3,030	7,486	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	3,589		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,302		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,708		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,962		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,222		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,246		<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>					
400284949	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>					
400281426	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400282560	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)