

FORM  
5

Rev  
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:

400267366

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 05-123-34777-00 6. County: WELD  
 7. Well Name: Schlotthauer Well Number: 14-23  
 8. Location: QtrQtr: SWSW Section: 23 Township: 7N Range: 67W Meridian: 6  
 Footage at surface: Distance: 85 feet Direction: FSL Distance: 886 feet Direction: FWL  
 As Drilled Latitude: 40.552647 As Drilled Longitude: -104.866747

### GPS Data:

Data of Measurement: 04/20/2012 PDOP Reading: 2.3 GPS Instrument Operator's Name: Brian Ritz

\*\* If directional footage at Top of Prod. Zone Dist.: 752 feet. Direction: FSL Dist.: 1969 feet. Direction: FWL  
 Sec: 23 Twp: 7N Rng: 67W

\*\* If directional footage at Bottom Hole Dist.: 748 feet. Direction: FSL Dist.: 1965 feet. Direction: FWL  
 Sec: 23 Twp: 7N Rng: 67W

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) 03/27/2012 13. Date TD: 03/31/2012 14. Date Casing Set or D&A: 04/01/2012

### 15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 7700 TVD\*\* 7528 17 Plug Back Total Depth MD 7673 TVD\*\* 7501

18. Elevations GR 4965 KB 4981

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	715	500	0	715	VISU
1ST	7+7/8	4+1/2	11.6	0	7,690	906	1,904	7,690	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	3,688		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,470		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,865		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,153		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,410		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,466		<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: JONATHAN RUNGE

Title: Consultant Date: \_\_\_\_\_ Email: jrunge@petersonenergy.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400281283	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400281285	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>			
400281275	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400281284	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400281286	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)