

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.

Document Number:
400348928

Date Received:
11/29/2012

Completion Type Final completion Preliminary completion

1. OGCC Operator Number: 10261 4. Contact Name: JONATHAN RUNGE
 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 05-123-35731-00 6. County: WELD
 7. Well Name: SCHNEIDER Well Number: 20-36
 8. Location: QtrQtr: SWSE Section: 36 Township: 7N Range: 67W Meridian: 6
 Footage at surface: Distance: 243 feet Direction: FSL Distance: 2139 feet Direction: FEL
 As Drilled Latitude: 40.524099 As Drilled Longitude: -104.839899

GPS Data:
 Date of Measurement: 10/25/2012 PDOP Reading: 3.1 GPS Instrument Operator's Name: Owen McKee

** If directional footage at Top of Prod. Zone Dist.: 1314 feet. Direction: FSL Dist.: 1336 feet. Direction: FEL
 Sec: 36 Twp: 7N Rng: 67W
 ** If directional footage at Bottom Hole Dist.: 1310 feet. Direction: FSL Dist.: 1341 feet. Direction: FEL
 Sec: 36 Twp: 7N Rng: 67W

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) 08/18/2012 13. Date TD: 08/22/2012 14. Date Casing Set or D&A: 08/24/2012

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7675 TVD** 7493 17 Plug Back Total Depth MD 7647 TVD** 7465

18. Elevations GR 4877 KB 4893
 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	608	430	0	608	VISU
1ST	7+7/8	4+1/2	11.6	0	7,664	1,015	1,100	7,664	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf 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	3,752		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,485		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,922		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,190		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,489		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,508		<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: 11/29/2012 Email: jrunge@petersonenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400348966	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400348965	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>			
400348928	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400348961	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400348962	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400348963	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)