

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:
400432851

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: 6720 4. Contact Name: Habib Guerrero
2. Name of Operator: BAYLESS PRODUCER LLC* ROBERT L Phone: (505) 326-2659
3. Address: 621 17TH ST STE 2300 Fax: (505) 3266911
City: DENVER State: CO Zip: 80293

5. API Number 05-103-11932-00 6. County: RIO BLANCO
7. Well Name: WEAVER RIDGE Well Number: 14-15H
8. Location: QtrQtr: SWSE Section: 14 Township: 1S Range: 104W Meridian: 6
Footage at surface: Distance: 39 feet Direction: FSL Distance: 1564 feet Direction: FEL
As Drilled Latitude: 39.954076 As Drilled Longitude: -109.032167

GPS Data:

Date of Measurement: 05/16/2013 PDOP Reading: 1.7 GPS Instrument Operator's Name: K.G.S

** If directional footage at Top of Prod. Zone Dist.: 392 feet. Direction: FSL Dist.: 850 feet. Direction: FEL

Sec: 14 Twp: 1S Rng: 104W

** If directional footage at Bottom Hole Dist.: 2015 feet. Direction: FSL Dist.: 2254 feet. Direction: FWL

Sec: 13 Twp: 1S Rng: 104W

9. Field Name: BANTA RIDGE 10. Field Number: 5200

11. Federal, Indian or State Lease Number: CO58704

12. Spud Date: (when the 1st bit hit the dirt) 05/06/2013 13. Date TD: 06/09/2013 14. Date Casing Set or D&A: 06/11/2013

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 9215 TVD** 5250 17 Plug Back Total Depth MD 9077 TVD** 5251

18. Elevations GR 6717 KB 6702

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:

Real time GR & Resistivity log
Mud log

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
CONDUCTOR	20+0/0	14+0/0	36.75	0	40	18	0	40	VISU
SURF	12+1/4	9+5/8	36	0	528	303	0	540	VISU
2ND	8+3/4	7+0/0	23	0	5,708	525	0	5,724	VISU
3RD	6+1/8	4+1/2	11.6	0	9,207	0	0	0	

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 05/09/2013

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	SURF	0	25	0	12

Details of work:

Top out Job. Rigged up and ran 1" pipe down the annulus and tagged cement 12 ft from surface. Rigged up Propetro mixed and pumped 25 sacks of cement with 2%CaCl2 and 1/4# Flocele down 1" pipe, hole stayed full.

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	
MANCOS B	5,294		<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: Habib Guerrero

Title: Operations Engineer Date: _____ Email: hguerrero@rlbayless.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" 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"/>
400434196	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other Attachments			
400432888	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400434195	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400434197	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)