

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:

400438633

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) 3262659
3. Address: 621 17TH ST STE 2300 Fax: (505) 3266911
City: DENVER State: CO Zip: 80293

5. API Number 05-103-11933-00 6. County: RIO BLANCO
7. Well Name: WEAVER RIDGE Well Number: 23-7H
8. Location: QtrQtr: SWNE Section: 23 Township: 1S Range: 104W Meridian: 6
Footage at surface: Distance: 2356 feet Direction: FNL Distance: 2278 feet Direction: FEL
As Drilled Latitude: 39.947508 As Drilled Longitude: -109.034622

GPS Data:

Data of Measurement: 05/16/2013 PDOP Reading: 1.3 GPS Instrument Operator's Name: K.G.S

** If directional footage at Top of Prod. Zone Dist.: 1922 feet. Direction: FNL Dist.: 1591 feet. Direction: FEL

Sec: 23 Twp: 1S Rng: 104W

** If directional footage at Bottom Hole Dist.: 293 feet. Direction: FNL Dist.: 946 feet. Direction: FWL

Sec: 24 Twp: 1S Rng: 104W

9. Field Name: BANTA RIDGE 10. Field Number: 5200
11. Federal, Indian or State Lease Number: 58705

12. Spud Date: (when the 1st bit hit the dirt) 05/09/2013 13. Date TD: 06/27/2013 14. Date Casing Set or D&A: 06/29/2013

15. Well Classification:

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

16. Total Depth MD 8742 TVD** 5258 17 Plug Back Total Depth MD 8662 TVD** 5261

18. Elevations GR 6800 KB 6814 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:

LAS Gamma Ray - Real Time GR & Resistivity
LAS Mud

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+1/4		36.75	0	40	18	0	40	VISU
SURF	12+1/4	9+5/8	36	0	526	303	0	540	VISU
2ND	8+3/4	7	23	0	5,725	525	0	5,742	VISU
3RD	6+1/8	4+1/2	11.6	0	8,711	0	0	0	

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	
MANCOS B	5,282		<input type="checkbox"/>	<input type="checkbox"/>	Base Of Mancos B was not penetrated

Comment:

As per BLM, CBL log will be submitted once completion operations are completed.

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 ?			
<u>Attachment Checklist</u>					
	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"/>
400440894	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
400440891	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400440892	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400440893	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group Comment Comment Date

--	--	--

Total: 0 comment(s)