

**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



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Document Number:  
400379642

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: JONATHAN RUNGE  
 2. Name of Operator: BAYSWATER EXPLORATION AND PRODUCTION Phone: (303) 216-0703  
 3. Address: 730 17TH ST STE 610 Fax: (303) 216-0703  
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-34767-00 6. County: WELD  
 7. Well Name: Walton Well Number: 17-25  
 8. Location: QtrQtr: SENE Section: 25 Township: 7N Range: 67W Meridian: 6  
 Footage at surface: Distance: 1474 feet Direction: FNL Distance: 1163 feet Direction: FEL  
 As Drilled Latitude: 40.548419 As Drilled Longitude: -104.836171

GPS Data:  
 Date of Measurement: 05/15/2013 PDOP Reading: 3.9 GPS Instrument Operator's Name: Bart Phifer

\*\* 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) 01/23/2013 13. Date TD: 01/27/2013 14. Date Casing Set or D&A: 01/28/2013

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

16. Total Depth MD 7752 TVD\*\* \_\_\_\_\_ 17 Plug Back Total Depth MD 7522 TVD\*\* \_\_\_\_\_

18. Elevations GR 4985 KB 5001 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	557	230	0	557	VISU
1ST	7+7/8	4+1/2	11.6	0	7,540	860	3,405	7,540	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	3,780		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,290		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,880		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,095		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,365		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,406		<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@iptengineers.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400379660	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>			
400379659	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400485730	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400485744	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)