

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:
400570389

Date Received:

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: (720) 420-5700
 3. Address: 730 17TH ST STE 610 Fax: (720) 420-5800
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-37610-00 6. County: WELD
 7. Well Name: Heckman Well Number: 9-20
 8. Location: QtrQtr: NENE Section: 29 Township: 7N Range: 67W Meridian: 6
 Footage at surface: Distance: 160 feet Direction: FNL Distance: 756 feet Direction: FEL
 As Drilled Latitude: 40.552115 As Drilled Longitude: -104.910560

GPS Data:
 Date of Measurement: 04/18/2014 PDOP Reading: 2.1 GPS Instrument Operator's Name: Alan Hnizdo

** If directional footage at Top of Prod. Zone Dist.: 2040 feet. Direction: FSL Dist.: 696 feet. Direction: FEL
 Sec: 20 Twp: 7N Rng: 67W
 ** If directional footage at Bottom Hole Dist.: 2043 feet. Direction: FSL Dist.: 703 feet. Direction: FEL
 Sec: 20 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) 12/21/2013 13. Date TD: 12/25/2013 14. Date Casing Set or D&A: 12/26/2013

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

16. Total Depth MD 7800 TVD** 7244 17 Plug Back Total Depth MD 7774 TVD** 7218

18. Elevations GR 4972 KB 4985 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, Induction, Neutron, Gamma Ray, 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	793	320	0	793	VISU
1ST	7+7/8	4+1/2	11.6	0	7,791	900	1,730	7,791	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	3,834		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,550		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,010		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,326		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,622		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,643		<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: jonathan.runge@iptenergyservices.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400570468	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400570461	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>			
400570438	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400570454	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400570458	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400570466	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)