

FORM
5Rev
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:

400413474

Date Received:

10/08/2013

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) 216-2139

City: DENVER State: CO Zip: 80202

5. API Number 05-123-37067-00

6. County: WELD

7. Well Name: Triangle

Well Number: 18-22

8. Location: QtrQtr: SENW Section: 22 Township: 7N Range: 65W Meridian: 6

Footage at surface: Distance: 1764 feet Direction: FNL Distance: 2373 feet Direction: FWL

As Drilled Latitude: 40.561913 As Drilled Longitude: -104.650320

GPS Data:

Data of Measurement: 10/03/2013 PDOP Reading: 2.1 GPS Instrument Operator's Name: Alan Hnizdo

** If directional footage at Top of Prod. Zone Dist.: 882 feet. Direction: FNL Dist.: 1514 feet. Direction: FWL

Sec: 22 Twp: 7N Rng: 65W

** If directional footage at Bottom Hole Dist.: 883 feet. Direction: FNL Dist.: 1516 feet. Direction: FWL

Sec: 22 Twp: 7N Rng: 65W

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) 04/21/2013 13. Date TD: 04/25/2013 14. Date Casing Set or D&A: 04/26/2013

15. Well Classification:

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

16. Total Depth MD 7555 TVD** 7391 17 Plug Back Total Depth MD 7518 TVD** 7354

18. Elevations GR 4832 KB 4848

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	632	235	0	632	VISU
1ST	7+7/8	4+1/2	11.6	0	7,543	825	950	7,543	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	3,880		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,650		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,266		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,066		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,370		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	7,471		<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: 10/8/2013 Email: jrunge@iptengineers.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400491534	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400413495	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>					
400413474	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400413486	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400413496	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400491536	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400491538	PDF-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	Received Greenhorn top. Ready to pass.	2/25/2014 1:15:57 PM
Permit	Missing Greenhorn top.	11/12/2013 2:53:25 PM

Total: 2 comment(s)