

FORM
5Rev
09/14

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:

400733911

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

OGCC Operator Number: 10261

Contact Name: PAUL GOTTLÖB

Name of Operator: BAYSWATER EXPLORATION AND PRODUCTION

Phone: (720) 420-5747

Address: 730 17TH ST STE 610

Fax: (720) 420-5800

City: DENVER State: CO Zip: 80202

API Number 05-123-36079-00

County: WELD

Well Name: Booth

Well Number: H-26H

Location: QtrQtr: NWNE Section: 26 Township: 7N Range: 65W Meridian: 6

Footage at surface: Distance: 54 feet Direction: FNL Distance: 2295 feet Direction: FEL

As Drilled Latitude: 40.551591 As Drilled Longitude: -104.628824

GPS Data:

Date of Measurement: 06/03/2014 PDOP Reading: 1.3 GPS Instrument Operator's Name: Ensign Directional

** If directional footage at Top of Prod. Zone Dist.: 50 feet. Direction: FNL Dist.: 2500 feet. Direction: FWL

Sec: 26 Twp: 7N Rng: 65W

** If directional footage at Bottom Hole Dist.: 465 feet. Direction: FSL Dist.: 2500 feet. Direction: FWL

Sec: 26 Twp: 7N Rng: 65W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 04/15/2014 Date TD: 06/03/2014 Date Casing Set or D&A: 06/04/2014

Rig Release Date: 06/04/2014 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 12414 TVD** 7201 Plug Back Total Depth MD 12405 TVD** 7202

Elevations GR 4892 KB 4913 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

mud log - pdf & las; CBL - pdf

CASING, LINER AND CEMENT

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	9+5/8	36	0	751	245	0	751	VISU
1ST	8+3/4	7	26	0	7,616	655	506	7,616	CBL
1ST LINER	6+1/8	4+1/2	11.6	6540	12,408	414	6,540	12,408	CALC

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:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
NIOBRARA	7,015	7,444	NO	NO	
CODELL	7,627		NO	NO	

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: PAUL GOTTLÖBTitle: Regulatory & Engin. Tech.

Date: _____

Email: paul.gottlob@iptenergyservices.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400734015	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400734021	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>					
400734003	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400734008	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400734019	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400737398	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)