

**FORM**  
**5**  
Rev  
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



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Document Number:  
400735123

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 05-123-36087-00 County: WELD  
 Well Name: Booth Well Number: J-26H  
 Location: QtrQtr: NWNE Section: 26 Township: 7N Range: 65W Meridian: 6  
 Footage at surface: Distance: 28 feet Direction: FNL Distance: 2274 feet Direction: FEL  
 As Drilled Latitude: 40.551659 As Drilled Longitude: -104.628751

GPS Data:  
 Date of Measurement: 05/22/2014 PDOP Reading: 1.3 GPS Instrument Operator's Name: Ensign Directional

\*\* If directional footage at Top of Prod. Zone Dist.: 465 feet. Direction: FNL Dist.: 2056 feet. Direction: FEL  
 Sec: 26 Twp: 7N Rng: 65W  
 \*\* If directional footage at Bottom Hole Dist.: 465 feet. Direction: FSL Dist.: 2064 feet. Direction: FEL  
 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) 04/14/2014 Date TD: 05/22/2014 Date Casing Set or D&A: 05/23/2014  
 Rig Release Date: 05/23/2014 Per Rule 308A.b.

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

Total Depth MD 11950 TVD\*\* 7107 Plug Back Total Depth MD 11950 TVD\*\* 7107

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

List Electric Logs Run:  
CBL - pdf; mud log - pdf & las

**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	7,609	649	810	7,609	CBL
1ST LINER	6+1/8	4+1/2	11.6	7291	11,946				

## 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	6,970		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 GOTTLOB

Title: Regulatory & Engin. Tech. Date: \_\_\_\_\_ Email: paul.gottlob@iptenergyservices.com

### Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
400735172	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400735168	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>		
400735137	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400735142	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400735145	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400735164	DIRECTIONAL DATA	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)