

FORM  
5Rev  
09/14State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

400686730

Date Received:

09/12/2014

## DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type ☒ Final completion ☐ Preliminary completion

OGCC Operator Number: 10261 Contact Name: Sean McClaren  
Name of Operator: BAYSWATER EXPLORATION AND PRODUCTION Phone: (720) 881-4479  
Address: 730 17TH ST STE 610 Fax:  
City: DENVER State: CO Zip: 80202

API Number 05-121-11027-00 County: WASHINGTON  
Well Name: Swan Well Number: 21-44  
Location: QtrQtr: SWSE Section: 21 Township: 2S Range: 56W Meridian: 6  
Footage at surface: Distance: 1314 feet Direction: FSL Distance: 1320 feet Direction: FEL  
As Drilled Latitude: 39.860481 As Drilled Longitude: -103.653987

## GPS Data:

Date of Measurement: 01/09/2015 PDOP Reading: 1.6 GPS Instrument Operator's Name: Alan Hnizdo

\*\* 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:

Field Name: SWAN Field Number: 80750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 11/26/2013 Date TD: 12/01/2013 Date Casing Set or D&amp;A: 12/03/2013

Rig Release Date: Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 5326 TVD\*\* Plug Back Total Depth MD 5314 TVD\*\*

Elevations GR 5325 KB 5336 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

## List Electric Logs Run:

Triple Combo (GR, Resis, Dens), CBL CCL

## 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	8+5/8	24	0	266	178	0	266	VISU
1ST	7+7/8	5+1/2	15.5	0	5,314	200	3,960	5,314	CBL

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 12/03/2013

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	4,217	4,534			
CODELL	4,666	4,676			
BENTONITE	4,978	4,980			
D SAND	5,075	5,124			
J SAND	5,130	5,190	YES	NO	
SKULL CREEK	5,280	5,304			

Operator Comments

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

Signed: \_\_\_\_\_

Print Name: Sean McClaren

Title: Operations Engineer

Date: 9/12/2014

Email: smcclaren@bayswater.us

**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2519712	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>					
2519724	TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400686730	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400686789	CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400686790	TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	Adjusted casing information to match cement summary doc #2519713	3/11/2015 11:53:17 AM
Permit	Operator provided what cement job summaries they had. Provided LAS triple combo.	3/2/2015 12:17:27 PM
Permit	Operator provided as-drilled GPS and additional formation tops.	2/27/2015 1:14:25 PM
Permit	Requested information again. Lack of information is holding up the form 5A and form 6.	2/27/2015 9:33:38 AM
Permit	Missing surface casing cement ticket.	12/8/2014 1:18:41 PM
Permit	Missing LAS triple combo	12/8/2014 1:09:42 PM
Permit	Requested more formation tops than only the J sand.	12/8/2014 1:00:49 PM
Permit	Missing as-drilled GPS.	12/8/2014 12:59:46 PM

Total: 8 comment(s)