

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



Document Number:

400413455

Date Received:

10/08/2013

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: JONATHAN RUNGE
Name of Operator: BAYSWATER EXPLORATION AND PRODUCTION Phone: (303) 216-0703
Address: 730 17TH ST STE 610 Fax: (303) 216-2139
City: DENVER State: CO Zip: 80202

API Number 05-123-37055-00 County: WELD
Well Name: Thornton Well Number: 12-22
Location: QtrQtr: SWSW Section: 22 Township: 7N Range: 66W Meridian: 6
Footage at surface: Distance: 234 feet Direction: FSL Distance: 395 feet Direction: FWL
As Drilled Latitude: 40.553902 As Drilled Longitude: -104.772010

GPS Data:
Date of Measurement: 10/03/2013 PDOP Reading: 1.7 GPS Instrument Operator's Name: Alan Hnizdo

** If directional footage at Top of Prod. Zone Dist.: 1999 feet Direction: FNL Dist.: 658 feet Direction: FWL

Sec: 22 Twp: 7N Rng: 66W

** If directional footage at Bottom Hole Dist.: 2012 feet Direction: FNL Dist.: 665 feet Direction: FWL

Sec: 22 Twp: 7N Rng: 66W

Field Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 04/14/2013 Date TD: 04/18/2013 Date Casing Set or D&A: 04/20/2013

Rig Release Date: Per Rule 308A.b.

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

Total Depth MD 7925 TVD** 7614 Plug Back Total Depth MD 7894 TVD** 7585

Elevations GR 4934 KB 4949 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
DENSITY, NEUTRON, INDUCTION, CBL

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	885	335	0	885	VISU
1ST	7+7/8	4+1/2	11.6	0	7,913	875	1,570	7,913	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:

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	
PARKMAN	4,079		NO	NO	
SUSSEX	4,876		NO	NO	
SHANNON	5,350		NO	NO	
NIOBRARA	7,496		NO	NO	
FORT HAYS	7,730		NO	NO	
CODELL	7,775		NO	NO	
GREENHORN	7,860				

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: 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>			
2114421	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400413469	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>			
400413455	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400413467	TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400413468	CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400413470	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400491570	TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Entered Greenhorn top. Received and attached surface casing cement job summary. Ready to pass.	12/19/2013 7:47:59 AM
Permit	Requested Greenhorn top. Requested surface casing cement job summary.	11/14/2013 9:05:03 AM

Total: 2 comment(s)