

**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:  
400832474

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: 10234 Contact Name: Larry Manikowski  
 Name of Operator: BAYHORSE PETROLEUM LLC Phone: (801) 913-1640  
 Address: 2558 E PORTSMOUTH AVENUE Fax: (888) 759-3730  
 City: SALT LAKE CITY State: UT Zip: 84121

API Number 05-061-06894-00 County: KIOWA  
 Well Name: TRES HOMBRES Well Number: 1-22  
 Location: QtrQtr: SWNW Section: 22 Township: 18S Range: 47W Meridian: 6  
 Footage at surface: Distance: 1738 feet Direction: FNL Distance: 987 feet Direction: FWL  
 As Drilled Latitude: 38.479180 As Drilled Longitude: -102.671940

GPS Data:  
 Date of Measurement: 05/06/2015 PDOP Reading: 3.1 GPS Instrument Operator's Name: Keith Westfall

\*\* 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: LEFT HAND Field Number: 48880  
 Federal, Indian or State Lease Number: \_\_\_\_\_

Spud Date: (when the 1st bit hit the dirt) 03/16/2015 Date TD: 03/22/2015 Date Casing Set or D&A: 03/23/2015  
 Rig Release Date: 03/23/2015 Per Rule 308A.b.

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

Total Depth MD 4497 TVD\*\* \_\_\_\_\_ Plug Back Total Depth MD 4497 TVD\*\* \_\_\_\_\_  
 Elevations GR 4129 KB 4141 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:  
Borehole Volume; Composite Density/Neutron; Microlog; Porosity Density/Neutron; Resistivity; Sonic

**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	436	300	0	436	VISU

**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	
LANSING-KANSAS CITY	3,792		YES	NO	
MARMATON	4,242		YES	NO	
CHEROKEE	4,355	4,497	YES	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: Larry F Manikowski

Title: President & CEO/CFO

Date: \_\_\_\_\_

Email: lfmanski@aol.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400832618	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"/>
400832615	DST Analysis	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>Other Attachments</b>			
400832547	PDF-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400832558	PDF-COMPOSITE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400832563	PDF-MICROLOG	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400832564	PDF-POROSITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400832578	PDF-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400832588	PDF-SONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400832594	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400832597	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400832599	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400832600	TIF-MUD	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)