

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:

400831561

Date Received:

05/11/2015

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: 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 05-061-06895-00 County: KIOWA
 Well Name: TRADE WINDS Well Number: 5-21
 Location: QtrQtr: SENE Section: 21 Township: 18S Range: 47W Meridian: 6
 Footage at surface: Distance: 2273 feet Direction: FNL Distance: 1293 feet Direction: FEL
 As Drilled Latitude: 38.477660 As Drilled Longitude: -102.679890

GPS Data:

Date of Measurement: 05/06/2015 PDOP Reading: 2.9 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) 03/04/2015 Date TD: 03/12/2015 Date Casing Set or D&A: 03/13/2015Rig Release Date: 03/13/2015 Per Rule 308A.b.

Well Classification:

☒ Dry ☐ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ ObservationTotal Depth MD 5210 TVD** _____ Plug Back Total Depth MD 5210 TVD** _____Elevations GR 4148 KB 4159 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

Borehold 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	423	300	0	423	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	3,802		NO	NO	
MARMATON	4,250		YES	NO	
CHEROKEE	4,364		NO	NO	
MORROW	4,756		NO	NO	
MISSISSIPPIAN	5,012		NO	NO	

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: Larry F Manikowski

Title: President & CEO/CFO Date: 5/11/2015 Email: lfmanski@aol.com

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
400831787	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"/>
400831792	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"/>
<u>Other Attachments</u>		
400831561	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400831727	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400831729	BOREHOLE VOLUME	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400831730	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400831731	PDF-MICROLOG	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400831732	PDF-POROSITY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400831733	PDF-RESISTIVITY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400831735	PDF-SONIC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400831739	LAS-COMPOSITE	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400831740	LAS-COMPOSITE	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)