

DRILLING COMPLETION REPORT

Document Number:
400855415

Date Received:

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 Gottlob

Name of Operator: BAYSWATER EXPLORATION AND PRODUCTION Phone: (720) 420-5747

Address: 730 17TH ST STE 610 Fax: _____

City: DENVER State: CO Zip: 80202

API Number 05-123-40794-00 County: WELD

Well Name: Matrix Well Number: N-29HC

Location: QtrQtr: SESW Section: 29 Township: 6N Range: 65W Meridian: 6

Footage at surface: Distance: 537 feet Direction: FSL Distance: 2237 feet Direction: FWL

As Drilled Latitude: _____ As Drilled Longitude: _____

GPS Data:
Date of Measurement: _____ PDOP Reading: _____ GPS Instrument Operator's Name: _____

** If directional footage at Top of Prod. Zone Dist.: 678 feet. Direction: FSL Dist.: 1662 feet. Direction: FEL
Sec: 29 Twp: 6N Rng: 65W

** If directional footage at Bottom Hole Dist.: 470 feet. Direction: FNL Dist.: 1572 feet. Direction: FEL
Sec: 29 Twp: 6N Rng: 65W

Field Name: GREELEY Field Number: 32760

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 01/04/2015 Date TD: 02/28/2015 Date Casing Set or D&A: 03/02/2015

Rig Release Date: 03/21/2015 Per Rule 308A.b.

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

Total Depth MD 11777 TVD** 7115 Plug Back Total Depth MD 11769 TVD** 7115

Elevations GR 4708 KB 4731 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
Mud in .las & .pdf, Gamma in .las & .pdf

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	748	250	0	748	VISU
1ST	8+3/4	7	26	0	7,711	675		7,711	CBL
1ST LINER	6+1/8	4+1/2	11.6	7007	11,773				

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	
SHARON SPRINGS	7,013	7,100	NO	NO	
NIOBRARA	7,529	11,769	NO	NO	

Comment:

TOC of 7" Csg, CBL & As Built data will be submitted with Final Form 5.

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>			
400855746	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400859303	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>			
400855756	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400855769	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400855770	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400855771	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400855773	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)