

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:
400855413

Date Received:
06/29/2015

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: 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 05-123-40698-00 County: WELD

Well Name: Matrix Well Number: M-29HN

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

Footage at surface: Distance: 528 feet Direction: FSL Distance: 2224 feet Direction: FWL

As Drilled Latitude: 40.452898 As Drilled Longitude: -104.688727

GPS Data:
Date of Measurement: 07/07/2015 PDOP Reading: 1.5 GPS Instrument Operator's Name: Bryan Johnson

** If directional footage at Top of Prod. Zone Dist.: 722 feet. Direction: FSL Dist.: 1840 feet. Direction: FEL
Sec: 29 Twp: 6N Rng: 65W

** If directional footage at Bottom Hole Dist.: 470 feet. Direction: FNL Dist.: 1782 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: 03/16/2015 Date Casing Set or D&A: 03/17/2015

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 11735 TVD** 7016 Plug Back Total Depth MD 11729 TVD** 7016

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

List Electric Logs Run:
Mud .pdf, Gamma .las & .pdf, CBL .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	216	0	748	VISU
1ST	8+3/4	7	26	0	7,641	690	20	7,641	CBL
1ST LINER	6+1/8	4+1/2	11.6	6675	11,731				

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	6,904	6,980	NO	NO	
NIOBRARA	7,258	11,729	NO	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: Paul Gottlob

Title: Regulatory & Engin. Tech. Date: 6/29/2015 Email: paul.gottlob@iptenergyservices.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400855691	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400859295	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"/>
400868769	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Other Attachments</u>			
400855413	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400855723	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400855725	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400855726	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400857907	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400861433	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Returned to draft. Form not due until 60 days from rig release for entire pad. No as built supplied.	6/30/2015 12:07:25 PM

Total: 1 comment(s)