

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.

Document Number:
400855423

Date Received:
06/29/2015

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 05-123-40700-00 County: WELD

Well Name: Matrix Well Number: O-29HN

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

Footage at surface: Distance: 546 feet Direction: FSL Distance: 2250 feet Direction: FWL

As Drilled Latitude: 40.452941 As Drilled Longitude: -104.688634

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.: 637 feet. Direction: FSL Dist.: 1494 feet. Direction: FEL

Sec: 29 Twp: 6N Rng: 65W

** If directional footage at Bottom Hole Dist.: 470 feet. Direction: FNL Dist.: 1467 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) 01/02/2015 Date TD: 03/19/2015 Date Casing Set or D&A: 03/20/2015

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 11700 TVD** 6936 Plug Back Total Depth MD 11648 TVD** 6936

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

List Electric Logs Run:
Gamma in .las & .pdf, CBL .pdf, Mud .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	747	250	0	747	VISU
1ST	8+3/4	7	26	0	7,619	665	0	7,619	CBL
1ST LINER	6+1/8	4+1/2	11.6	6712	11,696	380	6,712	11,700	CALC

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	7,082	7,187	NO	NO	
NIOBRARA	7,501	11,648	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>			
400855963	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400859368	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"/>
400868784	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Other Attachments</u>			
400855423	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400855968	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400855971	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400855972	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400856922	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400857911	PDF-MUD	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 12:06:01 PM

Total: 1 comment(s)