

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



DE ET OE ES

Document Number:

400865595

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: 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 05-123-41114-00

County: WELD

Well Name: Arellano

Well Number: T-10-9HN

Location: QtrQtr: NESE Section: 10 Township: 5N Range: 65W Meridian: 6

Footage at surface: Distance: 1495 feet Direction: FSL Distance: 335 feet Direction: FEL

As Drilled Latitude: 40.410696 As Drilled Longitude: -104.641227

GPS Data:

Date of Measurement: 07/10/2015 PDOP Reading: 1.2 GPS Instrument Operator's Name: Bryan Johnson

\*\* If directional footage at Top of Prod. Zone Dist.: 184 feet. Direction: FSL Dist.: 805 feet. Direction: FEL

Sec: 10 Twp: 5N Rng: 65W

\*\* If directional footage at Bottom Hole Dist.: 170 feet. Direction: FSL Dist.: 2170 feet. Direction: FEL

Sec: 9 Twp: 5N Rng: 65W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 04/01/2015 Date TD: 06/30/2015 Date Casing Set or D&amp;A: 07/01/2015

Rig Release Date: 07/03/2015 Per Rule 308A.b.

Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 14145 TVD\*\* 6878 Plug Back Total Depth MD 14095 TVD\*\* 6878

Elevations GR 4616 KB 4640

Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

Mud &amp; CBL .pdf, Gamma .pdf &amp; .las

## 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	790	250	0	790	VISU
1ST	8+3/4	7	29	0	7,442	685	400	7,442	CBL
1ST LINER	6+1/8	4+1/2	13.5	6554	14,141	590	6,554	14,141	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	6,778	6,876	NO	NO	
NIOBRARA	7,266	14,145	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 GottlobTitle: Regulatory & Engin. Tech. Date: \_\_\_\_\_ Email: paul.gottlob@iptenergyservices.com

## Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400865621	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400865630	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"/>
400869232	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
400865629	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400865669	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400865674	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400865675	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400876964	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group

Comment

Comment Date

--	--	--

Total: 0 comment(s)