

DRILLING COMPLETION REPORT

Document Number:
400737028

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 GOTTLÖB
 Name of Operator: BAYSWATER EXPLORATION AND PRODUCTION Phone: (720) 420-5747
 Address: 730 17TH ST STE 610 Fax: (720) 420-5800
 City: DENVER State: CO Zip: 80202

API Number 05-123-39509-00 County: WELD
 Well Name: Holton Well Number: I-12HN
 Location: QtrQtr: NWNE Section: 12 Township: 6N Range: 65W Meridian: 6
 Footage at surface: Distance: 555 feet Direction: FNL Distance: 1851 feet Direction: FEL
 As Drilled Latitude: 40.506225 As Drilled Longitude: -104.608291

GPS Data:
 Date of Measurement: 02/04/2015 PDOP Reading: 1.5 GPS Instrument Operator's Name: Bryan Johnson

** If directional footage at Top of Prod. Zone Dist.: 465 feet. Direction: FNL Dist.: 2515 feet. Direction: FEL
 Sec: 12 Twp: 6N Rng: 65W
 ** If directional footage at Bottom Hole Dist.: 465 feet. Direction: FSL Dist.: 2555 feet. Direction: FEL
 Sec: 12 Twp: 6N Rng: 65W

Field Name: WATTENBERG Field Number: 90750
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 06/19/2014 Date TD: 07/27/2014 Date Casing Set or D&A: 07/29/2014
 Rig Release Date: 07/29/2014 Per Rule 308A.b.

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

Total Depth MD 11880 TVD** 6956 Plug Back Total Depth MD 11880 TVD** 6956
 Elevations GR 4718 KB 4741 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, Mud, GR, MWD

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
CONDUCTOR	26	16	43	0	80	400	0	80	VISU
SURF	12+1/4	9+5/8	36	0	748	250	0	748	VISU
1ST	8+3/4	7	26	0	7,531	650	792	7,531	CBL
1ST LINER	6+1/8	4+1/2	11.6	7210	11,880				

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	
PARKMAN	3,751		NO	NO	
SUSSEX	4,345	4,580	NO	NO	
SHARON SPRINGS	6,860		NO	NO	
NIOBRARA	6,911		NO	NO	

Comment:

The Interpolated TPZ is the Setting Depth of the Uppermost Sliding Sleeve in the 1st Liner at a depth of 7545'.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: PAUL GOTTLÖB

Title: Regulatory & Engin. Tech. Date: _____ Email: paul.gottlob@iptenergyservices.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400737042	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400737047	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"/>
Other Attachments			
400737033	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400737034	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400737035	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400737051	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401022626	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401022890	PDF-MEASUREMENT/LOGGING WHILE DRILLING	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)