

DRILLING COMPLETION REPORT

Document Number:
400737108

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 05-123-39507-00 County: WELD

Well Name: Holton Well Number: J-12HC

Location: QtrQtr: NWNE Section: 12 Township: 6N Range: 65W Meridian: 6

Footage at surface: Distance: 555 feet Direction: FNL Distance: 1833 feet Direction: FEL

As Drilled Latitude: 40.506224 As Drilled Longitude: -104.608228

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.: 602 feet. Direction: FNL Dist.: 2192 feet. Direction: FEL
Sec: 12 Twp: 6N Rng: 65W

** If directional footage at Bottom Hole Dist.: 465 feet. Direction: FSL Dist.: 2225 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) 06/16/2014 Date TD: 07/21/2014 Date Casing Set or D&A: 07/22/2014

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 11903 TVD** 7033 Plug Back Total Depth MD 11903 TVD** 7033

Elevations GR 4718 KB 4741 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
Mud, CBL, 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	7,558	660	470	7,558	CBL
1ST LINER	6+1/8	4+1/2	11.6	7290	11,903				

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	3,720		NO	NO	
SUSSEX	4,484	4,642	NO	NO	
SHARON SPRINGS	6,817		NO	NO	
NIOBRARA	6,888		NO	NO	
FORT HAYS	7,355		NO	NO	
CODELL	7,476		NO	NO	

Comment:

The Interpolated TPZ is the Setting Depth of the Uppermost Sliding Sleeve in the 1st Liner at a depth of 7699'.

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			
400737139	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400737138	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			
400737123	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400737126	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400737127	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400737136	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401022673	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401022674	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401022899	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)