

FORM
5Rev
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



DE ET OE ES

Document Number:

400737191

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 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 05-123-39510-00

County: WELD

Well Name: Holton

Well Number: L-12HN

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

Footage at surface: Distance: 555 feet Direction: FNL Distance: 1797 feet Direction: FEL

As Drilled Latitude: 40.506221 As Drilled Longitude: -104.608101

GPS Data:

Date of Measurement: 02/04/2015 PDOP Reading: 1.4 GPS Instrument Operator's Name: Bryan Johnson

** If directional footage at Top of Prod. Zone Dist.: 594 feet. Direction: FNL Dist.: 1537 feet. Direction: FEL

Sec: 12 Twp: 6N Rng: 65W

** If directional footage at Bottom Hole Dist.: 465 feet. Direction: FSL Dist.: 1565 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) 06/17/2014 Date TD: 07/12/2014 Date Casing Set or D&A: 07/13/2014

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 11831 TVD** 6953 Plug Back Total Depth MD 11831 TVD** 6953

Elevations GR 4717 KB 4737

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	7,483	680	2,164	7,483	CBL
1ST LINER	6+1/8	4+1/2	11.6	7197	11,831				

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	3,730		NO	NO	
SUSSEX	4,477	4,573	NO	NO	
SHARON SPRINGS	6,808		NO	NO	
NIOBRARA	6,885		NO	NO	

Comment:

The Interpolated TPZ is the Setting Depth of the Uppermost Sliding Sleeve in the 1st Liner at a depth of 7605'.

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

Signed: _____

Print Name: PAUL GOTTLÖBTitle: Regulatory & Engin. Tech. Date: _____ Email: paul.gottlob@iptenergyservices.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400737231	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400737227	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"/>
<u>Other Attachments</u>					
400737206	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400737225	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400737410	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401022735	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401022747	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401022906	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)