

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



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Document Number:

401031236

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: Joe Richardson

Name of Operator: BAYSWATER EXPLORATION AND PRODUCTION

Phone: (303) 2421844

Address: 730 17TH ST STE 610

Fax:

City: DENVER

State: CO

Zip: 80202

API Number 05-001-05299-00

County: ADAMS

Well Name: CLIFFORD CAUSEY

Well Number: 17

Location: QtrQtr: NWNE Section: 22 Township: 2S Range: 57W Meridian: 6

Footage at surface: Distance: 330 feet Direction: FNL Distance: 1650 feet Direction: FEL

As Drilled Latitude: As Drilled Longitude:

GPS Data:

Date of Measurement: PDOP Reading: GPS Instrument Operator's Name:

** If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

** If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

Field Name: BADGER CREEK

Field Number: 5050

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 10/22/1953 Date TD: 10/29/1953 Date Casing Set or D&A: 10/29/1953

Rig Release Date: 10/29/1953 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 5377 TVD** Plug Back Total Depth MD TVD**

Elevations GR 4648 KB 4660 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

Electric Log, Microlog (Originals); CBL, and Microvertilog

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		8+5/8	32	0	113	100	0	113	CALC
1ST	7+7/8	5+1/2	15.5	0	5,376	250	3,956	5,376	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 01/15/2014

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	1,300	280	0	1,300

Details of work:

09:00 Wait On Cementers, MIRU Bison Cement Service w/ Equipment, Hook Up & Pressure Test Pump Lines @ 2,500 psi., Hold Safety Meeting.
 10:00 Pump 210 Sacks 11.8# Cement w/ Additives To Begin, After Lead Cement Is At Surface, Start Pinching Shut Valve On Returns, Then Bring Cement Up To 14.8# Cement w/ Additives, Pump 30 Sacks & Continue Closing Back Side Valve, Start Getting Cement Heavier, Continue Pumping, Get Cement Up To 15.8# Cement w/ Additives & 2 % Calcium, Pump 40 Sacks W/ 18 BBL. Clean Water Flush, Close 5 1/2" Casing Valve. Max Pressure 600 psi, Leave Approx. 400' Of Cement In 5 1/2" Casing, Have AG Service Vac Truck Clean Yetters Open Top Return Tank.

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	
J SAND	5,326	5,377			

Comment:

The KB was assumed to be 12 feet on this well. There is no record of a KB on any of the log headers or reports.

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

Signed: _____

Print Name: Joe Richardson

Title: Sr. Production Engineer

Date: _____

Email: jrichardson@bayswater.us

Attachment Check List

Att Doc Num	Document Name	attached ?	
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Attachment Checklist

	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" 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

401032548	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401032549	PDF-CASING EVALUATION TOOL	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401032563	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401032567	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)