

FORM
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Rev
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



Document Number:

400569866

Date Received:

05/13/2014

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type Final completion Preliminary completion

OGCC Operator Number: 10261 Contact Name: JONATHAN RUNGE
Name of Operator: BAYSWATER EXPLORATION AND PRODUCTION Phone: (720) 420-5700
Address: 730 17TH ST STE 610 Fax: (720) 420-5800
City: DENVER State: CO Zip: 80202

API Number 05-123-37608-00 County: WELD
Well Name: Winter Well Number: 8-29
Location: QtrQtr: NENE Section: 29 Township: 7N Range: 67W Meridian: 6
Footage at surface: Distance: 160 feet Direction: FNL Distance: 771 feet Direction: FEL
As Drilled Latitude: 40.552113 As Drilled Longitude: -104.910620

GPS Data:
Date of Measurement: 04/18/2014 PDOP Reading: 2.1 GPS Instrument Operator's Name: Alan Hnizdo

** If directional footage at Top of Prod. Zone Dist.: 2003 feet Direction: FNL Dist.: 674 feet Direction: FEL
Sec: 29 Twp: 7N Rng: 67W
** If directional footage at Bottom Hole Dist.: 1992 feet Direction: FNL Dist.: 683 feet Direction: FEL
Sec: 29 Twp: 7N Rng: 67W

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

Spud Date: (when the 1st bit hit the dirt) 12/26/2013 Date TD: 12/30/2013 Date Casing Set or D&A: 12/31/2013
Rig Release Date: Per Rule 308A.b.

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

Total Depth MD 7805 TVD** 7373 Plug Back Total Depth MD 7780 TVD** 7348
Elevations GR 4972 KB 4988 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
Induction, Density, Neutron, Gamma Ray, CBL

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	8+5/8	24	0	790	310	0	790	VISU
1ST LINER	7+7/8	4+1/2	11.6	0	7,797	845	1,815	7,797	CBL

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	3,784		NO	NO	
SUSSEX	4,568		NO	NO	
SHANNON	4,974		NO	NO	
NIOBRARA	7,312		NO	NO	
FORT HAYS	7,602		NO	NO	
CODELL	7,647		NO	NO	

Operator Comments

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

Signed: _____

Print Name: JONATHAN RUNGE

Title: CONSULTANT

Date: 5/13/2014

Email: jonathan.runge@iptenergyservices.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400569901	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400569898	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			
400569866	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400569894	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400569899	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400607301	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400607305	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	THIS FORM WAS SUBMITTED BY ORIGINAL OPERATOR. WELL WAS LATER SOLD TO A NEW OPERATOR. COGCC ENGINEERING WILL NEED TO MANUALLY CORRECT OPERATOR NAME IN WELL UPDATE AFTER PASSING THIS FORM, OTHERWISE OLD OPERATOR NAME WILL OVERWRITE CURRENT OPERATOR NAME.	3/28/2016 3:21:34 PM
Permit	Corrected GR and KB elev. to reflect directional survey.	3/24/2016 12:16:25 PM

Total: 2 comment(s)