

**DRILLING COMPLETION REPORT**

Document Number:  
400878179

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

API Number 05-123-41720-00 County: WELD  
 Well Name: Carlson Well Number: A-15-16HN  
 Location: QtrQtr: NENE Section: 15 Township: 5N Range: 65W Meridian: 6  
 Footage at surface: Distance: 1057 feet Direction: FNL Distance: 234 feet Direction: FEL  
 As Drilled Latitude: 40.403694 As Drilled Longitude: -104.640807

GPS Data:  
 Date of Measurement: 12/01/2015 PDOP Reading: 2.2 GPS Instrument Operator's Name: Ben Milius

\*\* If directional footage at Top of Prod. Zone Dist.: 161 feet. Direction: FNL Dist.: 760 feet. Direction: FEL  
 Sec: 15 Twp: 5N Rng: 65W  
 \*\* If directional footage at Bottom Hole Dist.: 205 feet. Direction: FNL Dist.: 2357 feet. Direction: FWL  
 Sec: 16 Twp: 5N Rng: 65W

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

Spud Date: (when the 1st bit hit the dirt) 07/12/2015 Date TD: 10/03/2015 Date Casing Set or D&A: 10/05/2015  
 Rig Release Date: 11/24/2015 Per Rule 308A.b.

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

Total Depth MD 14866 TVD\*\* 6917 Plug Back Total Depth MD 14843 TVD\*\* 6917  
 Elevations GR 4621 KB 4644 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
MWD, Mud, CBL, O.H. Logging Exception for API#05-123-41720

**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	839	275	0	839	VISU
1ST	8+3/4	7	29	0	7,386	725	50	7,386	CBL
1ST LINER	6+1/8	4+1/2	13.5	0	14,856	672	6,100	14,856	CALC

## 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	3,750		NO	NO	
SUSSEX	4,250	4,270	NO	NO	
SHARON SPRINGS	6,729		NO	NO	
NIOBRARA	7,222		NO	NO	

Comment:

The Interpolated TPZ is the planned upper Perforation @ 7396' (which is 10' below the 7" shoe). The actual Perforation depths will be submitted on the Form 5A. The TPZ and BHL distances were calculated using the width of Sections at North edge of each. O.H. Logging Exception for API#05-123-41720, Form 4 Doc #400867096 approved 7/14/2015.

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

Signed: \_\_\_\_\_ Print Name: Paul Gottlob

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

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400942000	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400942277	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"/>
<b>Other Attachments</b>			
400942254	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400942273	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400946199	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400946201	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400946210	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400951998	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400952114	LAS-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)