

FORM
5
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



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Document Number:
400878180

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 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 05-123-41710-00 County: WELD
 Well Name: Carlson Well Number: B-15-16HC
 Location: QtrQtr: NENE Section: 15 Township: 5N Range: 65W Meridian: 6
 Footage at surface: Distance: 1057 feet Direction: FNL Distance: 249 feet Direction: FEL
 As Drilled Latitude: 40.403695 As Drilled Longitude: -104.640861

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.: 327 feet. Direction: FNL Dist.: 745 feet. Direction: FEL
 Sec: 15 Twp: 5N Rng: 65W
 ** If directional footage at Bottom Hole Dist.: 376 feet. Direction: FNL Dist.: 2355 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) 07/13/2015 Date TD: 09/26/2015 Date Casing Set or D&A: 09/28/2015
 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 14917 TVD** 6980 Plug Back Total Depth MD 14900 TVD** 6980
 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	840	245	0	840	VISU
1ST	8+3/4	7	29	0	7,419	715	34	7,419	CBL
2ND	6+1/8	4+1/2	13.5	0	14,916	670	6,100	14,916	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	3,705		NO	NO	
SUSSEX	4,185	4,205	NO	NO	
SHARON SPRINGS	6,655		NO	NO	
NIOBRARA	7,016		NO	NO	
FORT HAYS	7,206		NO	NO	
CODELL	7,364		NO	NO	

Comment:

The Interpolated TPZ is the planned upper Perforation @ 7429' (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 ?	
Attachment Checklist			
400942350	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400942376	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			
400942370	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400942383	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400942386	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400946405	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400946408	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400952029	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400952117	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)