

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:

400941973

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 05-123-41715-00

County: WELD

Well Name: Carlson

Well Number: L-15-16HN

Location: QtrQtr: NENE Section: 15 Township: 5N Range: 65W Meridian: 6

Footage at surface: Distance: 1054 feet Direction: FNL Distance: 399 feet Direction: FEL

As Drilled Latitude: 40.403699 As Drilled Longitude: -104.641403

GPS Data:

Date of Measurement: 12/01/2015 PDOP Reading: 1.8 GPS Instrument Operator's Name: Ben Milius

** If directional footage at Top of Prod. Zone Dist.: 2494 feet. Direction: FNL Dist.: 470 feet. Direction: FEL

Sec: 15 Twp: 5N Rng: 65W

** If directional footage at Bottom Hole Dist.: 2591 feet. Direction: FNL Dist.: 2344 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) 10/08/2015 Date TD: 10/27/2015 Date Casing Set or D&A: 10/31/2015

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 14985 TVD** 6862 Plug Back Total Depth MD 14961 TVD** 6862

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	843	275	0	843	VISU
1ST	8+3/4	7	29	0	7,073	740	36	7,073	CBL
2ND	6+1/8	4+1/2	13.5	0	14,975	740	6,300	14,975	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	3,713		NO	NO	
SUSSEX	4,239	4,265	NO	NO	
SHARON SPRINGS	6,805		NO	NO	
NIOBRARA	7,239		NO	NO	

Comment:

The Interpolated TPZ is the planned upper Perforation @ 7228' (Depth below 7" shoe that closest matches the permitted footages)'. The actual Perforation depths will be submitted on the Form 5A. The TPZ and BHL distances were calculated using the Width at center f/ North to South of Sections 15 & 16.
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 ?	
<u>Attachment Checklist</u>			
400943371	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400943370	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>			
400943357	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400943369	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400946581	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400946584	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400946588	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400952146	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400952148	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)