

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



Document Number:

400569910

Date Received:

09/30/2014

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: PAUL GOTTLÖB

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 05-123-37695-00

County: WELD

Well Name: Blehm

Well Number: 16-19

Location: QtrQtr: NESE Section: 19 Township: 7N Range: 67W Meridian: 6

Footage at surface: Distance: 1785 feet Direction: FSL Distance: 503 feet Direction: FEL

As Drilled Latitude: 40.557418 As Drilled Longitude: -104.928667

GPS Data:

Date of Measurement: 06/19/2014 PDOP Reading: 1.9 GPS Instrument Operator's Name: Bart Phifer

** If directional footage at Top of Prod. Zone Dist.: 664 feet Direction: FSL Dist.: 653 feet Direction: FEL

Sec: 19 Twp: 7N Rng: 67W

** If directional footage at Bottom Hole Dist.: 684 feet Direction: FSL Dist.: 673 feet Direction: FEL

Sec: 19 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) 01/01/2014 Date TD: 01/05/2014 Date Casing Set or D&A: 01/06/2014

Rig Release Date: Per Rule 308A.b.

Well Classification:

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

Total Depth MD 7325 TVD** 7138 Plug Back Total Depth MD 7298 TVD** 7111

Elevations GR 4978 KB 4994 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	793	300	0	793	VISU
1ST	7+7/8	4+1/2	11.6	0	7,315	880	950	7,315	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	3,378		NO	NO	
SUSSEX	3,962		NO	NO	
SHANNON	4,520		NO	NO	
NIOBRARA	6,863		NO	NO	
FORT HAYS	7,153		NO	NO	
CODELL	7,177		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: PAUL GOTTLÖB

Title: CONSULTANT Date: 9/30/2014 Email: paul.gottlob@iptenergyservices.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400569941	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400569938	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>					
400569910	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400569934	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400569936	PDF-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400569937	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400569939	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Input as-built GPS, per operator.	4/20/2016 3:29:47 PM
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.	4/1/2016 2:59:07 PM
Permit	1) As-built GPS data missing. 2) Corrected KB elev. to reflect directional survey.	4/1/2016 2:55:07 PM

Total: 3 comment(s)