

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



Document Number:

400570018

Date Received:

04/24/2014

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 05-123-37919-00 County: WELD
Well Name: Hirsch Well Number: 11-24
Location: QtrQtr: SENW Section: 24 Township: 7N Range: 67W Meridian: 6
Footage at surface: Distance: 1501 feet Direction: FNL Distance: 2508 feet Direction: FWL
As Drilled Latitude: 40.562814 As Drilled Longitude: -104.841840

GPS Data:
Date of Measurement: 04/18/2014 PDOP Reading: 2.9 GPS Instrument Operator's Name: Alan Hnizdo

** If directional footage at Top of Prod. Zone Dist.: 1875 feet Direction: FSL Dist.: 1889 feet Direction: FWL
Sec: 24 Twp: 7N Rng: 67W

** If directional footage at Bottom Hole Dist.: 1874 feet Direction: FSL Dist.: 1891 feet Direction: FWL
Sec: 24 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) 01/13/2014 Date TD: 01/16/2014 Date Casing Set or D&A: 01/18/2014
Rig Release Date: Per Rule 308A.b.

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

Total Depth MD 7955 TVD** 7521 Plug Back Total Depth MD 7928 TVD** 7493

Elevations GR 5035 KB 5051 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
Density, Induction, 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	836	325	0	836	VISU
1ST	7+7/8	4+1/2	11.6	0	7,945	840	0	7,945	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	4,067		NO	NO	
SUSSEX	4,675		NO	NO	
SHANNON	5,260		NO	NO	
NIOBRARA	7,490		NO	NO	
FORT HAYS	7,782		NO	NO	
CODELL	7,803		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: 4/24/2014

Email: jrunge@iptengineers.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400570048	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400570045	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>			
901440	TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400570018	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400570034	CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400570042	TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400570043	TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400570047	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	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.	4/28/2016 10:33:26 AM
Permit	Operator submitted complete triple combo .pdf, which has been uploaded to this form.	4/28/2016 10:31:10 AM
Permit	Triple Combo .pdf is incomplete (missing uphole portion).	3/25/2016 10:20:27 AM
Permit	Corrected TD TVD and KB elev. to reflect directional survey.	3/25/2016 10:17:18 AM

Total: 4 comment(s)