

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:

401144816

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 05-123-43598-00

County: WELD

Well Name: Thornton

Well Number: G-29-30HN

Location: QtrQtr: SWNW Section: 28 Township: 7N Range: 66W Meridian: 6

Footage at surface: Distance: 1644 feet Direction: FNL Distance: 355 feet Direction: FWL

As Drilled Latitude: 40.548624 As Drilled Longitude: -104.791532

## GPS Data:

Date of Measurement: 10/28/2016 PDOP Reading: 2.6 GPS Instrument Operator's Name: ALAN HNIZDO

\*\* If directional footage at Top of Prod. Zone Dist.: 1471 feet. Direction: FNL Dist.: 470 feet. Direction: FEL

Sec: 29 Twp: 7N Rng: 66W

\*\* If directional footage at Bottom Hole Dist.: 1483 feet. Direction: FNL Dist.: 474 feet. Direction: FWL

Sec: 30 Twp: 7N Rng: 66W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 11/05/2016 Date TD: 11/14/2016 Date Casing Set or D&amp;A: 11/16/2016

Rig Release Date: 01/16/2017 Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 17629 TVD\*\* 7306 Plug Back Total Depth MD 17591 TVD\*\* 7306

Elevations GR 4907 KB 4925 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

## List Electric Logs Run:

CBL, Mud, MWD, (RGR on API 05-123-43596)

## 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	42	0	80	400	0	80	VISU
SURF	13+1/2	9+5/8	36	0	1,547	446	0	1,547	VISU
1ST	8+1/2	5+1/2	20	0	17,606	2,830	1,530	17,606	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	3,824		NO	NO	
SUSSEX	4,973		NO	NO	
SHARON SPRINGS	7,090		NO	NO	
NIOBRARA	7,132		NO	NO	

Comment:

The "As Builts" were done on the Conductor Casing which was previously set.  
The stated footages for the TPZ are at MD 7670', TVD 7330', if changed upon completion this will be updated on the Form 5A.

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>			
401187899	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401187948	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>			
401187918	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401187960	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401187970	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401187979	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401187981	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401187982	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401219910	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401219934	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)