

DRILLING COMPLETION REPORT

Document Number:
401254527

Date Received:

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 05-123-42498-00 County: WELD
 Well Name: Albrighton Well Number: A-10HN
 Location: QtrQtr: SWSW Section: 10 Township: 6N Range: 64W Meridian: 6
 Footage at surface: Distance: 1170 feet Direction: FSL Distance: 1077 feet Direction: FWL
 As Drilled Latitude: 40.496608 As Drilled Longitude: -104.541851

GPS Data:
 Date of Measurement: 05/11/2017 PDOP Reading: 2.1 GPS Instrument Operator's Name: DOMINICK DAVIS

** If directional footage at Top of Prod. Zone Dist.: 577 feet. Direction: FSL Dist.: 148 feet. Direction: FWL
 Sec: 10 Twp: 6N Rng: 64W
 ** If directional footage at Bottom Hole Dist.: 501 feet. Direction: FNL Dist.: 182 feet. Direction: FWL
 Sec: 10 Twp: 6N Rng: 64W

Field Name: WATTENBERG Field Number: 90750
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 02/09/2017 Date TD: 03/02/2017 Date Casing Set or D&A: 03/03/2017
 Rig Release Date: 03/22/2017 Per Rule 308A.b.

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

Total Depth MD 11657 TVD** 6947 Plug Back Total Depth MD 11633 TVD** 6947
 Elevations GR 4808 KB 4825 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
MWD, Mud, CBL, (Triple Combo in API# 05-123-37282)

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	1,544	555	0	1,544	VISU
1ST	8+1/2	5+1/2	17	0	11,642	100	730	1,960	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	3,851		NO	NO	
SUSSEX	4,332		NO	NO	
SHARON SPRINGS	6,953		NO	NO	
NIOBRARA	6,996		NO	NO	

Comment:

The stated footages for the TPZ are at MD 8594', TVD 6948', 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 ?	
Attachment Checklist			
401278600	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401254933	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			
401254881	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401254883	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401254978	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401278593	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401278595	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401278596	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401278635	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401278645	LAS-MUD	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)