

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



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Document Number:
401254539

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 05-123-42500-00 County: WELD
 Well Name: Albrighton Well Number: D-10HN
 Location: QtrQtr: SWSW Section: 10 Township: 6N Range: 64W Meridian: 6
 Footage at surface: Distance: 1170 feet Direction: FSL Distance: 1122 feet Direction: FWL
 As Drilled Latitude: 40.496609 As Drilled Longitude: -104.541698

GPS Data:
 Date of Measurement: 05/11/2017 PDOP Reading: 2.0 GPS Instrument Operator's Name: DOMINICK DAVIS

** If directional footage at Top of Prod. Zone Dist.: 575 feet. Direction: FSL Dist.: 855 feet. Direction: FWL
 Sec: 10 Twp: 6N Rng: 64W
 ** If directional footage at Bottom Hole Dist.: 594 feet. Direction: FNL Dist.: 880 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) 02/05/2017 Date TD: 02/17/2017 Date Casing Set or D&A: 02/19/2017
 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 11708 TVD** 6936 Plug Back Total Depth MD 11686 TVD** 6936

Elevations GR 4807 KB 4824 **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	11,700	1,820	1,080	11,700	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	3,801		NO	NO	
SUSSEX	4,266		NO	NO	
SHARON SPRINGS	6,840		NO	NO	
NIOBRARA	6,877		NO	NO	

Comment:

The stated footages for the TPZ are at MD 8653', TVD 6938', 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			
401279163	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401254959	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			
401254910	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401254912	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401254956	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401279165	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401279166	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401279167	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401279168	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401279169	LAS-MWD/LWD	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)