

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



DE	ET	OE	ES
----	----	----	----

Document Number:
401387955

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: 10234 Contact Name: Larry Manikowski
 Name of Operator: BAYHORSE PETROLEUM LLC Phone: (801) 913-1640
 Address: 2558 E PORTSMOUTH AVENUE Fax: _____
 City: SALT LAKE CITY State: UT Zip: 84121

API Number 05-009-06675-00 County: BACA
 Well Name: ARTHUR CANYON Well Number: 1-17
 Location: QtrQtr: NWNE Section: 17 Township: 35S Range: 47W Meridian: 6
 Footage at surface: Distance: 660 feet Direction: FNL Distance: 1980 feet Direction: FEL
 As Drilled Latitude: 37.001860 As Drilled Longitude: -102.730620

GPS Data:
 Date of Measurement: 03/21/2013 PDOP Reading: 1.8 GPS Instrument Operator's Name: Keith Westfall

** If directional footage at Top of Prod. Zone Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____
 Sec: _____ Twp: _____ Rng: _____
 ** If directional footage at Bottom Hole Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____
 Sec: _____ Twp: _____ Rng: _____

Field Name: WILDCAT Field Number: 99999
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 01/17/2013 Date TD: 01/29/2013 Date Casing Set or D&A: 01/29/2013
 Rig Release Date: 01/29/2013 Per Rule 308A.b.

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

Total Depth MD 5050 TVD** _____ Plug Back Total Depth MD 5050 TVD** _____
 Elevations GR 4331 KB 4342 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
Borehold Volume; Density/Neutron; Microlog; Sonic; Resistivity; Induction

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	520	375	0	520	VISU

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	
PERMIAN			YES	NO	
TOPEKA	3,284		NO	NO	
LANSING-KANSAS CITY	4,074		NO	NO	
MISSISSIPPIAN-OSAGE-WARSAW	4,738		NO	NO	

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Larry F Manikowski

Title: President & CEO/CFO

Date: _____

Email: lfmanski@aol.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)