

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.

Document Number:
401605443

Date Received:

Completion Type Final completion Preliminary completion

OGCC Operator Number: 10261 Contact Name: PAUL GOTTLÖB

Name of Operator: BAYSWATER EXPLORATION & PRODUCTION LLC Phone: (720) 420-5747

Address: 730 17TH ST STE 500 Fax: _____

City: DENVER State: CO Zip: 80202

API Number 05-123-45588-00 County: WELD

Well Name: Booth Well Number: P-8-7HN

Location: QtrQtr: NESE Section: 8 Township: 6N Range: 66W Meridian: 6

Footage at surface: Distance: 1336 feet Direction: FSL Distance: 249 feet Direction: FEL

As Drilled Latitude: 40.499055 As Drilled Longitude: -104.793345

GPS Data:
Date of Measurement: 11/22/2017 PDOP Reading: 2.5 GPS Instrument Operator's Name: AARON RIVERA

** If directional footage at Top of Prod. Zone Dist.: 1794 feet. Direction: FSL Dist.: 470 feet. Direction: FEL
Sec: 8 Twp: 6N Rng: 66W

** If directional footage at Bottom Hole Dist.: 1828 feet. Direction: FSL Dist.: 2162 feet. Direction: FEL
Sec: 7 Twp: 6N Rng: 66W

Field Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 12/07/2017 Date TD: 01/03/2018 Date Casing Set or D&A: 01/05/2018

Rig Release Date: 03/19/2018 Per Rule 308A.b.

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

Total Depth MD 16253 TVD** 7063 Plug Back Total Depth MD 16218 TVD** 7063

Elevations GR 4807 KB 4825 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
MWD, Mud, CBL, DIL in API# 05-123-12093 and API# 05-123-22620

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	1,549	400	0	1,549	VISU
1ST	8+1/2	5+1/2	20	0	16,243	2,530	250	16,243	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	4,253		NO	NO	
SHANNON	4,603		NO	NO	
SHARON SPRINGS	7,203		NO	NO	
NIOBRARA	7,256		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 9231', TVD 7121', if changed upon completion this will be updated on the Form 5A. The stated footages for the BHL are at MD 16253', TVD 7063', if changed upon completion this will be updated on the Form 5A (THIS DEPTH IS STATED ON PAGE 10, THE LAST PAGE OF THE AS DRILLED DIRECTIONAL SURVEY)

No open-hole resistivity logs were run and a Rule 317.p Exception was granted for this well. Completion anticipated for 2nd to 3rd quarter, 2018.

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

Signed: _____ Print Name: PAUL GOTTLÖB

Title: Regulatory & Engin. Tech. Date: _____ Email: paul.gottlob@iptenergyservices.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
401627956	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401627936	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			
401627908	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401627910	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401627912	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401627918	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401627922	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401627924	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401627926	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401627931	DIRECTIONAL DATA	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)