

FORM  
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Rev  
02/20

# State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

402376713

Date Received:

## DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and/or cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type  Final completion  Preliminary completion

OGCC Operator Number: <u>10261</u>	Contact Name: <u>MARK BROWN</u>
Name of Operator: <u>BAYSWATER EXPLORATION &amp; PRODUCTION LLC</u>	Phone: <u>(303) 893-2503</u>
Address: <u>730 17TH ST STE 500</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>mbrown@bayswater.us</u>

API Number <u>05-123-50422-00</u>	County: <u>WELD</u>
Well Name: <u>COT West</u>	Well Number: <u>O-30-25HN</u>
Location: QtrQtr: <u>NESW</u> Section: <u>30</u> Township: <u>7N</u> Range: <u>66W</u> Meridian: <u>6</u>	
	FNL/FSL <span style="float: right;">FEL/FWL</span>
Footage at surface: Distance: <u>2212</u> feet Direction: <u>FSL</u> Distance: <u>1973</u> feet Direction: <u>FWL</u>	
As Drilled Latitude: <u>40.544122</u> As Drilled Longitude: <u>-104.824912</u>	
GPS Data: GPS Quality Value: <u>1.6</u> Type of GPS Quality Value: <u>PDOP</u> Date of Measurement: <u>04/28/2020</u>	
GPS Instrument Operator's Name: <u>Brian Hopkinson</u>	FNL/FSL <span style="float: right;">FEL/FWL</span>
** If directional footage at Top of Prod. Zone Dist: <u>2135</u> feet Direction: <u>FSL</u> Dist: <u>2547</u> feet Direction: <u>FEL</u>	
Sec: <u>30</u> Twp: <u>7N</u> Rng: <u>66W</u>	FNL/FSL <span style="float: right;">FEL/FWL</span>
** If directional footage at Bottom Hole Dist: <u>2143</u> feet Direction: <u>FSL</u> Dist: <u>147</u> feet Direction: <u>FWL</u>	
Sec: <u>25</u> Twp: <u>7N</u> Rng: <u>67W</u>	
Field Name: <u>WATTENBERG</u> Field Number: <u>90750</u>	
Federal, Indian or State Lease Number: _____	

Spud Date: (when the 1st bit hit the dirt) 02/01/2020 Date TD: 04/04/2020 Date Casing Set or D&A: 04/05/2020  
 Rig Release Date: 04/19/2020 Per Rule 308A.b.

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

Total Depth MD <u>15822</u> TVD** <u>7116</u> Plug Back Total Depth MD <u>15790</u> TVD** <u>7116</u>
Elevations GR <u>4946</u> KB <u>4971</u> <b>Digital Copies of ALL Logs must be Attached per Rule 308A</b> <input checked="" type="checkbox"/>

List Electric Logs Run:  
MWD/LWD, Mud, CBL, RES in API 05-123-50408

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### 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	1,570	397	0	1,570	VISU
1ST	8+1/2	5+1/2	20	0	15,812	2,490	140	15,812	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:

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### 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	3,943		NO	NO	
SUSSEX	4,503		NO	NO	
SHANNON	5,164		NO	NO	
SHARON SPRINGS	7,373		NO	NO	
NIOBRARA	7,404		NO	NO	

Operator Comments:

Alternative Logging based on a log in another well on same pad: RES on API# 05-123-50408, COT EAST O-30-29HN.  
When wells are Completed, updated TPZ will be reported 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: SEAN DOLFINGER

Title: Regulatory & Engin. Tech. Date: \_\_\_\_\_ Email: sean.dolfinger@iptenergyservices.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
402380198	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402380200	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>			
402380193	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402380194	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402380195	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402380197	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402380202	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402380560	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402403704	PDF-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)

