

FORM
5

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:

402376721

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

API Number 05-123-50421-00 County: WELD
Well Name: COT West Well Number: S-30-25HN
Location: QtrQtr: NESW Section: 30 Township: 7N Range: 66W Meridian: 6
FNL/FSL _____ FEL/FWL _____
Footage at surface: Distance: 2152 feet Direction: FSL Distance: 1973 feet Direction: FWL
As Drilled Latitude: 40.543955 As Drilled Longitude: -104.824917
GPS Data: GPS Quality Value: 1.6 Type of GPS Quality Value: PDOP Date of Measurement: 04/28/2020
GPS Instrument Operator's Name: Brian Hopkinson
FNL/FSL _____ FEL/FWL _____

** If directional footage at Top of Prod. Zone Dist: 1250 feet Direction: FSL Dist: 2537 feet Direction: FEL
Sec: 30 Twp: 7N Rng: 66W
FNL/FSL _____ FEL/FWL _____

** If directional footage at Bottom Hole Dist: 1227 feet Direction: FSL Dist: 152 feet Direction: FWL
Sec: 25 Twp: 7N Rng: 67W

Field Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 01/29/2020 Date TD: 03/13/2020 Date Casing Set or D&A: 03/14/2020

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 15966 TVD** 7212 Plug Back Total Depth MD 15934 TVD** 7212

Elevations GR 4946 KB 4971 Digital Copies of ALL Logs must be Attached per Rule 308A

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

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 | 1,574 | 397 | 0 | 1,574 | VISU |
| 1ST | 8+1/2 | 5+1/2 | 20 | 0 | 15,956 | 2,435 | 415 | 15,956 | 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 | 4,045 | | NO | NO | |
| SUSSEX | 4,613 | | NO | NO | |
| SHANNON | 5,266 | | NO | NO | |
| SHARON SPRINGS | 7,439 | | NO | NO | |
| NIOBRARA | 7,460 | | 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> | | | |
| 402380248 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 402380253 | 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> | | | |
| 402380239 | PDF-MWD/LWD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 402380241 | PDF-MWD/LWD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 402380242 | LAS-MWD/LWD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 402380243 | PDF-MUD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 402380246 | LAS-MUD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 402380255 | DIRECTIONAL DATA | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 402403713 | 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)

