

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:

402376733

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 05-123-50413-00 County: WELD
Well Name: COT West Well Number: V-30-25HN
Location: QtrQtr: NESW Section: 30 Township: 7N Range: 66W Meridian: 6
FNL/FSL _____ FEL/FWL _____
Footage at surface: Distance: 2107 feet Direction: FSL Distance: 1973 feet Direction: FWL
As Drilled Latitude: 40.543830 As Drilled Longitude: -104.824917
GPS Data: GPS Quality Value: 1.8 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: 561 feet Direction: FSL Dist: 2531 feet Direction: FEL
Sec: 30 Twp: 7N Rng: 66W FNL/FSL _____ FEL/FWL _____
** If directional footage at Bottom Hole Dist: 551 feet Direction: FSL Dist: 155 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) 01/26/2020 Date TD: 02/09/2020 Date Casing Set or D&A: 02/10/2020
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 16113 TVD** 7243 Plug Back Total Depth MD 16077 TVD** 7243

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	1,566	397	0	1,566	VISU
1ST	8+1/2	5+1/2	20	0	16,103	2,425	55	16,103	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	4,071		NO	NO	
SUSSEX	4,713		NO	NO	
SHANNON	5,379		NO	NO	
SHARON SPRINGS	7,600		NO	NO	
NIOBRARA	7,621		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>			
402380309	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402380311	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>			
402380294	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402380295	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402380296	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402380300	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402380307	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402380312	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402403721	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)

