

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:

402489603

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 05-123-47060-00 County: WELD
Well Name: East Ault Well Number: 5-7-8HC
Location: QtrQtr: NWNE Section: 18 Township: 7N Range: 65W Meridian: 6
FNL/FSL FEL/FWL
Footage at surface: Distance: 301 feet Direction: FNL Distance: 2307 feet Direction: FEL
As Drilled Latitude: 40.581677 As Drilled Longitude: -104.704717
GPS Data: GPS Quality Value: 1.5 Type of GPS Quality Value: PDOP Date of Measurement: 09/23/2020
GPS Instrument Operator's Name: Ron Pratt FNL/FSL FEL/FWL
** If directional footage at Top of Prod. Zone Dist: 1007 feet Direction: FSL Dist: 460 feet Direction: FWL
Sec: 7 Twp: 7N Rng: 65W FNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: 1007 feet Direction: FSL Dist: 471 feet Direction: FEL
Sec: 8 Twp: 7N Rng: 65W
Field Name: WATTENBERG Field Number: 90750
Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 05/02/2020 Date TD: 06/08/2020 Date Casing Set or D&A: 06/10/2020
Rig Release Date: 08/16/2020 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 18540 TVD** 7345 Plug Back Total Depth MD 18503 TVD** 7345
Elevations GR 4908 KB 4933 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:

CBL, MUD, MWD/LWD, CNL in 123-47066

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	43	0	80	400	0	80	VISU
SURF	13+1/2	9+5/8	36	0	1,553	650	0	1,553	VISU
1ST	8+1/2	5+1/2	20	0	18,530	2,850	70	18,530	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	4,347		NO	NO	
SUSSEX	5,030		NO	NO	
SHANNON	5,593		NO	NO	
SHARON SPRINGS	8,096		NO	NO	
NIOBRARA	8,115		NO	NO	
FORT HAYS	8,537		NO	NO	
CODELL	8,684		NO	NO	

Operator Comments:

The East Ault 10-18-19HC well, API No. 123-05-47066, located on this pad was logged from below kick off point at a MD of 7,676' up into surface casing to a depth of 500' with a Compensated Neutron – Gamma Ray Log. This log was run after discovery that an open hole resistivity log was not obtained from any well on the pad and is further outlined in our letter to the Director dated 10-9-20. After well Completion, the TPZ will be reported on the Form 5A if it changes from what is reported on this Form 5.

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 ?	
<u>Attachment Checklist</u>			
402494540	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402494545	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>			
402494461	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402494462	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402494463	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402494544	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402494603	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402494604	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402509305	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402509306	LAS-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)

