

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:

402489610

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 & 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>05-123-47067-00</u>	County: <u>WELD</u>
Well Name: <u>East Ault</u>	Well Number: <u>9-18-19HNB</u>
Location: QtrQtr: <u>NWNE</u> Section: <u>18</u> Township: <u>7N</u> Range: <u>65W</u> Meridian: <u>6</u>	
	FNL/FSL FEL/FWL
Footage at surface: Distance: <u>300</u> feet Direction: <u>FNL</u> Distance: <u>2247</u> feet Direction: <u>FEL</u>	
As Drilled Latitude: <u>40.581674</u> As Drilled Longitude: <u>-104.704499</u>	
GPS Data: GPS Quality Value: <u>1.3</u> Type of GPS Quality Value: <u>PDOP</u> Date of Measurement: <u>09/23/2020</u>	
GPS Instrument Operator's Name: <u>Ron Pratt</u>	FNL/FSL FEL/FWL
** If directional footage at Top of Prod. Zone Dist: <u>460</u> feet Direction: <u>FNL</u> Dist: <u>2474</u> feet Direction: <u>FEL</u>	
Sec: <u>18</u> Twp: <u>7N</u> Rng: <u>65W</u>	FNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: <u>471</u> feet Direction: <u>FSL</u> Dist: <u>2471</u> feet Direction: <u>FEL</u>	
Sec: <u>19</u> Twp: <u>7N</u> Rng: <u>65W</u>	
Field Name: <u>WILDCAT</u> Field Number: <u>99999</u>	
Federal, Indian or State Lease Number: _____	

Spud Date: (when the 1st bit hit the dirt) 04/29/2020 Date TD: 07/03/2020 Date Casing Set or D&A: 07/04/2020
 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 17289 TVD** 7208 Plug Back Total Depth MD 17250 TVD** 7208

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	1,545	650	0	1,545	VISU
1ST	8+1/2	5+1/2	20	0	17,277	2,665	70	17,277	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	3,924		NO	NO	
SUSSEX	4,483		NO	NO	
SHANNON	4,907		NO	NO	
SHARON SPRINGS	7,236		NO	NO	
NIOBRARA	7,268		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 GOTTLLOB

Title: Regulatory & Engin. Tech.

Date: _____

Email: paul.gottlob@iptenergyservices.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
402494559	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402494562	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>			
402494495	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402494496	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402494497	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402494561	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402494612	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402494613	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402509313	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402509314	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)

