

FORM
5Rev
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: 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 05-123-47067-00

County: WELD

Well Name: East Ault

Well Number: 9-18-19HNB

Location: QtrQtr: NWNE Section: 18 Township: 7N Range: 65W Meridian: 6
FNL/FSL FEL/FWL

Footage at surface: Distance: 300 feet Direction: FNL Distance: 2247 feet Direction: FEL

As Drilled Latitude: 40.581674 As Drilled Longitude: -104.704499

GPS Data: GPS Quality Value: 1.3 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: 460 feet Direction: FNL Dist: 2474 feet Direction: FEL
Sec: 18 Twp: 7N Rng: 65W

FNL/FSL

FEL/FWL

** If directional footage at Bottom Hole Dist: 471 feet Direction: FSL Dist: 2471 feet Direction: FEL
Sec: 19 Twp: 7N Rng: 65W

Field Name: WILDCAT

Field Number: 99999

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 GOTTLÖB

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)

