

FORM
5Rev
11/20

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:

402567755

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 05-123-51184-00

County: WELD

Well Name: Groves Farm

Well Number: V-34-33HC

Location: QtrQtr: NESE Section: 34 Township: 7N Range: 65W Meridian: 6
FNL/FSL FEL/FWL

Footage at surface: Distance: 2501 feet Direction: FSL Distance: 895 feet Direction: FEL

As Drilled Latitude: 40.529941 As Drilled Longitude: -104.642939

GPS Data: GPS Quality Value: 1.5 Type of GPS Quality Value: PDOP Date of Measurement: 10/22/2020

** If directional footage at Top of Prod. Zone Dist: 587 feet Direction: FSL Dist: 150 feet Direction: FEL
Sec: 34 Twp: 7N Rng: 65W

** If directional footage at Bottom Hole Dist: 527 feet Direction: FSL Dist: 161 feet Direction: FWL
Sec: 33 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) 11/02/2020 Date TD: 11/20/2020 Date Casing Set or D&A: 11/21/2020

Rig Release Date: 12/28/2020 Per Rule 308A.b.

Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 18219 TVD** 7219 Plug Back Total Depth MD 18186 TVD** 7219

Elevations GR 4844 KB 4869

Digital Copies of ALL Logs must be Attached

☒

List All Logs Run:

Mud, MWD/LWD, CBL, GR on 05-123-51190

CASING, LINER AND CEMENT

<u>Casing Type</u>	<u>Size of Hole</u>	<u>Size of Casing</u>	<u>Grade</u>	<u>Wt/Ft</u>	<u>Csg/Liner Top</u>	<u>Setting Depth</u>	<u>Sacks Cmt</u>	<u>Cmt Btm</u>	<u>Cmt Top</u>	<u>Status</u>
CONDUCTOR	26	16	J55	84	0	107	500	107	0	VISU
SURF	13+1/2	9+5/8	J55	36	0	1535	403	1535	0	VISU
1ST	8+1/2	5+1/2	HCP110	20	0	18206	2825	18206	350	CBL

Bradenhead Pressure Action Threshold 460 psig

This threshold is calculated per Rule 308A.b.(2)G. If this well is located in a bradenhead test area (see Rule 207.b) per an Order of the Commission, it may be subject to a different threshold.

Does the casing centralization comply with Rule 317.g? Yes

If "NO", provide details below.

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	4,001		NO	NO	
SUSSEX	4,577		NO	NO	
SHANNON	5,220		NO	NO	
SHARON SPRINGS	7,317		NO	NO	
NIOBRARA	7,331		NO	NO	
FORT HAYS	7,730		NO	NO	
CODELL	7,849		NO	NO	

Operator Comments:

The Conductor Casing was set prior to Spud, thus the As Built dates.
If the Bottom Production Zone changes upon completion it will be reported on the Form 5A.

Open Hole Logging Exception - No open-hole logs were run – GR on API 05-123-51190, Groves Farm O-34-33HN.

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>					
402568462	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
402568461	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>					
402568460	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402568464	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402568465	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402568466	LAS-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402568467	PDF-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402568468	PDF-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402574241	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402574243	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)

