

FORM
5
Rev
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:
402567757

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 05-123-51185-00 County: WELD
Well Name: Groves Farm Well Number: W-34-33HN
Location: QtrQtr: NESE Section: 34 Township: 7N Range: 65W Meridian: 6
FNL/FSL FEL/FWL
Footage at surface: Distance: 2486 feet Direction: FSL Distance: 896 feet Direction: FEL
As Drilled Latitude: 40.529900 As Drilled Longitude: -104.642941
GPS Data: GPS Quality Value: 1.5 Type of GPS Quality Value: PDOP Date of Measurement: 10/22/2020
FNL/FSL FEL/FWL
** If directional footage at Top of Prod. Zone Dist: 340 feet Direction: FSL Dist: 460 feet Direction: FEL
Sec: 34 Twp: 7N Rng: 65W
FNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: 330 feet Direction: FSL Dist: 471 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) 11/03/2020 Date TD: 11/14/2020 Date Casing Set or D&A: 11/16/2020
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 17366 TVD** 6971 Plug Back Total Depth MD 17329 TVD** 6971
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

Casing Type	Size of Hole	Size of Casing	Grade	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top	Status
CONDUCTOR	26	16	J55	84	0	107	500	107	0	VISU
SURF	13+1/2	9+5/8	J55	36	0	1555	403	1555	0	VISU
1ST	8+1/2	5+1/2	HCP110	20	0	17353	2690	17353	90	CBL

Bradenhead Pressure Action Threshold 466 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	4,027		NO	NO	
SUSSEX	4,608		NO	NO	
SHANNON	5,285		NO	NO	
NIOBRARA	6,854		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>			
402568474	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402568473	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>			
402568471	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402568476	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402568477	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402568479	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402568484	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402568485	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402574245	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402574246	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)

