

FORM
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Rev
12/20

State of Colorado Oil and Gas Conservation Commission

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Document Number:

402567740

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 05-123-51182-00 County: WELD
Well Name: Groves Farm Well Number: Q-34-33HN
Location: QtrQtr: NESE Section: 34 Township: 7N Range: 65W Meridian: 6
FNL/FSL _____ FEL/FWL _____
Footage at surface: Distance: 2576 feet Direction: FSL Distance: 893 feet Direction: FEL
As Drilled Latitude: 40.530147 As Drilled Longitude: -104.642931
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: 2576 feet Direction: FSL Dist: 893 feet Direction: FEL
Sec: 34 Twp: 7N Rng: 65W

FNL/FSL _____ FEL/FWL _____
** If directional footage at Bottom Hole Dist: 2303 feet Direction: FSL Dist: 692 feet Direction: FEL
Sec: 34 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) 10/30/2020 Date TD: 10/30/2020 Date Casing Set or D&A: 10/30/2020

Rig Release Date: 10/30/2020 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 1545 TVD** 1545 Plug Back Total Depth MD 1533 TVD** 1533

Elevations GR 4844 KB 4869 Digital Copies of ALL Logs must be Attached

List All Logs Run:

FLUID VOLUMES USED IN DRILLING OPERATIONS
(Enter "0" if a type of a fluid was not used. Do not leave blank.)

Total Fluids (bbls): _____ Fresh Water (bbls): _____

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): _____

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	12+1/2	9+5/8	J55	36	0	1535	403	1535	0	VISU

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	

Operator Comments:

The Conductor Casing was set prior to Spud, thus the As Built dates.
Surface Casing was set and well abandoned to be PA.

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>			
402571872	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402576695	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
402576693	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	Return to draft for operators consultant to attach the logs run.	02/10/2021

Total: 1 comment(s)

