

**FORM**  
**5**Rev  
12/20**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:

402855357

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: 6720

Contact Name: HELEN TRUJILLO

Name of Operator: ROBERT L BAYLESS PRODUCER LLC

Phone: (505) 5647801

Address: 621 17TH ST STE 2300

Fax:

City: DENVER

State: CO

Zip: 80293

Email: NOTICES@RLBAYLESS.COM

API Number 05-103-12290-00

County: RIO BLANCO

Well Name: Weaver Ridge

Well Number: 14-15H2

Location: QtrQtr: SWSE

Section: 14

Township: 1S

Range: 104W

Meridian: 6

FNL/FSL

FEL/FWL

Footage at surface: Distance: 30 feet

Direction: FSL

Distance: 1586 feet

Direction: FEL

As Drilled Latitude:

As Drilled Longitude:

GPS Data: GPS Quality Value:

Type of GPS Quality Value:

Date of Measurement:

FNL/FSL

FEL/FWL

\*\* If directional footage at Top of Prod. Zone

Dist: feet

Direction:

Dist: feet

Direction:

Sec: Twp:

Rng:

FNL/FSL

FEL/FWL

\*\* If directional footage at Bottom Hole

Dist: feet

Direction:

Dist: feet

Direction:

Sec: Twp:

Rng:

Field Name: PICEANCE HORIZONTAL MANCOS

Field Number: 68808

Federal, Indian or State Lease Number: COC58705

Spud Date: (when the 1st bit hit the dirt) 05/02/2018

Date TD: 05/02/2018

Date Casing Set or D&amp;A: 05/02/2018

Rig Release Date: 05/02/2018 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 540

TVD\*\* 540

Plug Back Total Depth MD 534

TVD\*\* 534

Elevations GR 6701

KB 0

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**

<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	20	14	J-55	36	0	40	38	40	0	VISU
SURF	12+1/4	9+5/8	J-55	36	0	533	280	540	0	VISU

Bradenhead Pressure Action Threshold 160 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:

ROBERT L. BAYLESS, PRODUCER DRILLED WELL FOR SURFACE CASING ONLY. BLM DSI ORDER PREVENTING CONTINUATION TO DRILL AT LATER TIME. WILL P&A.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_

Print Name: HELEN TRUJILLOTitle: PROD & REG ANALYST

Date: \_\_\_\_\_

Email: NOTICES@RLBAYLESS.COM

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" 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>			
402855392	WELLBORE DIAGRAM	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)