

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:

402984860

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: Lauren Walsh
Name of Operator: BAYSWATER EXPLORATION & PRODUCTION LLC Phone: (720) 881-4502
Address: 730 17TH ST STE 500 Fax: _____
City: DENVER State: CO Zip: 80202 Email: lwalsh@bayswater.us

API Number 05-123-51625-00 County: WELD
Well Name: Blehm Well Number: 5
Location: QtrQtr: Lot 3 Section: 18 Township: 7N Range: 66W Meridian: 6
FNL/FSL _____ FEL/FWL _____
Footage at surface: Distance: 2631 feet Direction: FSL Distance: 1629 feet Direction: FWL
As Drilled Latitude: 40.574382 As Drilled Longitude: -104.825971
GPS Data: GPS Quality Value: 1.4 Type of GPS Quality Value: PDOP Date of Measurement: 04/12/2022

*** If directional footage at Top of Prod. Zone Dist: 1855 feet Direction: FNL Dist: 160 feet Direction: FEL
Sec: 13 Twp: 7N Rng: 67W
FNL/FSL _____ FEL/FWL _____

*** If directional footage at Bottom Hole Dist: 1884 feet Direction: FNL Dist: 130 feet Direction: FWL
Sec: 14 Twp: 7N Rng: 67W
FNL/FSL _____ FEL/FWL _____

Field Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 12/09/2021 Date TD: 02/03/2022 Date Casing Set or D&A: 02/05/2022

Rig Release Date: 03/04/2022 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 18005 TVD** 7288 Plug Back Total Depth MD 17964 TVD** 7288

Elevations GR 5076 KB 5099 Digital Copies of ALL Logs must be Attached

List All Logs Run:

MWD/LWD, CBL, MUD, DIL in API 05-123-37612

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

Total Fluids (bbls): 3631 Fresh Water (bbls): 1114

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 2517

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	24	16	J55	42	0	80	100	80	0	VISU
SURF	12+1/4	9+5/8	J55	36	0	1549	405	1549	0	VISU
1ST	8+1/2	5+1/2	HCP110	20	0	17991	2767	17991	50	CBL

Bradenhead Pressure Action Threshold 465 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	3,934	4,498	NO	NO	
SUSSEX	4,498	5,122	NO	NO	
SHANNON	5,122	7,387	NO	NO	
SHARON SPRINGS	7,387	7,404	NO	NO	
NIOBRARA	7,404	7,899	NO	NO	
FORT HAYS	7,899	8,053	NO	NO	
CODELL	8,053	18,005	NO	NO	

Operator Comments:

The stated footages for the TPZ are at MD 7680', TVD 7357', and the BHL from projection to bit on directional survey at MD 18005', TVD 7288'. If the TPZ or BPZ changes when well is completed it will be reported on the Form 5A.
 Open Hole Logging Exception - No open-hole logs were run. CDL/CNL/DIL/GR run on nearby well: Vair 12-18, API 05-123-37612.

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

Signed: _____

Print Name: Sean Dolfinger

Title: Assoc. Drilling Engineer

Date: _____

Email: sean.dolfinger@iptwell.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
403018876	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
403018878	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"/>
Other Attachments			
403018867	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403018868	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403018869	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403018870	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403018871	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403018874	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403018875	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403018879	DIRECTIONAL DATA	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)