

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:

403179555

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) 8814502
Address: 730 17TH ST STE 500 Fax: _____
City: DENVER State: CO Zip: 80202 Email: lwalsh@Bayswater.us

API Number 05-123-51537-00 County: WELD
Well Name: Topaz East Well Number: 12
Location: QtrQtr: Lot 6 Section: 6 Township: 7N Range: 65W Meridian: 6
FNL/FSL FEL/FWL
Footage at surface: Distance: 1400 feet Direction: FSL Distance: 399 feet Direction: FWL
As Drilled Latitude: 40.601095 As Drilled Longitude: -104.714413
GPS Data: GPS Quality Value: 1.5 Type of GPS Quality Value: PDOP Date of Measurement: 08/29/2019

** If directional footage at Top of Prod. Zone Dist: 529 feet Direction: FNL Dist: 455 feet Direction: FWL
Sec: 6 Twp: 7N Rng: 66W
FNL/FSL FEL/FWL

** If directional footage at Bottom Hole Dist: 522 feet Direction: FNL Dist: 476 feet Direction: FEL
Sec: 5 Twp: 7N Rng: 66W
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) 03/16/2022 Date TD: 05/22/2022 Date Casing Set or D&A: 05/23/2022

Rig Release Date: 05/24/2022 Per Rule 308A.b.

Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 18262 TVD** 7200 Plug Back Total Depth MD 18251 TVD** 7200

Elevations GR 4945 KB 4968 Digital Copies of ALL Logs must be Attached

List All Logs Run:
MWD/LWD, CBL, MUD, DIL in API05-123-51542

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

Total Fluids (bbls): 6622 Fresh Water (bbls): 1556

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 5066

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	N/A	42	0	80	400	80	0	VISU
SURF	13+1/2	9+5/8	J-55	36	0	1550	390	1550	0	VISU
1ST	8+1/2	5+1/2	HCP110	20	0	18251	2862	18251	0	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	4,369		NO	NO	
SUSSEX	4,961		NO	NO	
SHANNON	5,798		NO	NO	
SHARON SPRINGS	8,019		NO	NO	
NIOBRARA	8,044		NO	NO	

Operator Comments:

The stated footages for the TPZ are at MD 8454', TVD 7314', and the BHL from projection to bit on directional survey at MD 18262', TVD 7200'. If the TPZ or BHL changes when well is completed it will be reported on the Form 5A.
Open Hole Logging Exception - No open-hole logs were run.

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

Signed: _____

Print Name: Vinnie Wolfram

Title: Petroleum Engineer

Date: _____

Email: vinnie.wolfram@iptwell.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
403179614	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
403179613	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>			
403179612	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403179617	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403179618	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403179620	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403179622	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403183452	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403183454	LAS-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)