

FORM
5Rev
12/20

State of Colorado

Energy & Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

402984870

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 05-123-51619-00

County: WELD

Well Name: Blehm

Well Number: 7

Location: QtrQtr: Lot 3 Section: 18 Township: 7N Range: 66W Meridian: 6
FNL/FSL FEL/FWL

Footage at surface: Distance: 2616 feet Direction: FSL Distance: 1656 feet Direction: FWL

As Drilled Latitude: 40.574344 As Drilled Longitude: -104.825876

GPS Data: GPS Quality Value: 1.3 Type of GPS Quality Value: PDOP Date of Measurement: 04/12/2022

** If directional footage at Top of Prod. Zone Dist: 2570 feet Direction: FSL Dist: 160 feet Direction: FEL
Sec: 13 Twp: 7N Rng: 67W
FNL/FSL FEL/FWL** If directional footage at Bottom Hole Dist: 2615 feet Direction: FSL Dist: 152 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) 12/11/2021 Date TD: 01/23/2022 Date Casing Set or D&A: 01/25/2022

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 17885 TVD** 7217 Plug Back Total Depth MD 17846 TVD** 7217

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): 3513

Fresh Water (bbls): 1013

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 2500

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	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	17873	2760	17873	100	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	3,919	4,475	NO	NO	
SUSSEX	4,475	5,099	NO	NO	
SHANNON	5,099	7,369	NO	NO	
SHARON SPRINGS	7,369	7,388	NO	NO	
NIOBRARA	7,388	17,885	NO	NO	

Operator Comments:

The stated footages for the TPZ are at MD 7562', TVD 7263', and the BHL from projection to bit on directional survey at MD 17885', TVD 7217". 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: Kelsi WelchTitle: Permitting & Compliance

Date: _____

Email: kelsi.welch@iptwell.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
403018931	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
403018934	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>					
403018917	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
403018919	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
403018921	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
403018924	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
403018935	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
403741050	PDF-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
403741051	PDF-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
403744329	LAS-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Received email to send back to Draft - Correction needed to API on MWD/LWD logs	04/02/2024

Total: 1 comment(s)