

FORM  
5Rev  
12/20

## State of Colorado

## Energy &amp; Carbon Management Commission

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



Document Number:

403866676

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

ECMC Operator Number: 10261

Contact Name: JEFF OVERMAN

Name of Operator: BAYSWATER EXPLORATION &amp; PRODUCTION LLC

Phone: (720) 881-4503

Address: 730 17TH ST STE 500

Fax:

City: DENVER

State: CO

Zip: 80202

Email: JOVERMAN@BAYSWATER.US

API Number 05-123-52197-00

County: WELD

Well Name: Onyx Federal

Well Number: 1

Location: QtrQtr: NWNW Section: 26 Township: 7N Range: 66W Meridian: 6  
FNL/FSL FEL/FWL

Footage at surface: Distance: 550 feet Direction: FNL Distance: 254 feet Direction: FWL

As Drilled Latitude: 40.551861 As Drilled Longitude: -104.753350

GPS Data: GPS Quality Value: 1.4 Type of GPS Quality Value: PDOP Date of Measurement: 11/28/2023

\*\* If directional footage at Top of Prod. Zone Dist: 77 feet Direction: FNL Dist: 1478 feet Direction: FWL  
Sec: 26 Twp: 7N Rng: 66W  
FNL/FSL FEL/FWL\*\* If directional footage at Bottom Hole Dist: 149 feet Direction: FNL Dist: 150 feet Direction: FEL  
Sec: 30 Twp: 7N Rng: 65W  
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) 12/23/2023 Date TD: 01/02/2024 Date Casing Set or D&amp;A: 01/03/2024

Rig Release Date: 03/28/2024 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 22185 TVD\*\* 7255 Plug Back Total Depth MD 22150 TVD\*\* 7255

Elevations GR 4896 KB 4919

Digital Copies of ALL Logs must be Attached



List All Logs Run:

CBL, MUD, MWD/LWD, RESISTIVITY

## FLUID VOLUMES USED IN DRILLING OPERATIONS

(Enter "0" if a type of a fluid was not used. Do not leave blank.)

Total Fluids (bbls): 2956

Fresh Water (bbls): 140

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 2816

**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	26	16	H40	65	0	96	60	96	0	VISU
SURF	13+1/2	9+5/8	J55	40	0	1723	614	1723	0	VISU
1ST	8+1/2	5+1/2	P110	20	0	22150	2605	22150	270	CBL

Bradenhead Pressure Action Threshold 517 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 ECMC)
	Top	Bottom	DST	Cored	
PARKMAN	3,948				
SUSSEX	4,693				
SHANNON	5,747				
SHARON SPRINGS	7,178				
NIOBRARA	7,208				

Operator Comments:

The TPZ footages are estimates calculated through Directional Plotting Software—from where the production string (5 ½" casing) crosses the 1478' setback hardline. The actual footages will be submitted with the Form 5A.  
Alternative Logging Program- A Resistivity log was run on this well

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

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

Print Name: JEFF OVERMANTitle: DRILLING MANAGER

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

Email: JOVERMAN@BAYSWATER.US

**ATTACHMENT LIST**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
403866716	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
403866702	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>					
403866696	LAS-RESISTIVITY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
403866697	PDF-RESISTIVITY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
403866698	LAS-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
403866701	PDF-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
403866703	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
403868320	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
403868323	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
		Stamp Upon Approval

Total: 0 comment(s)