

FORM
5

Rev
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:

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 & 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
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
** If directional footage at Bottom Hole Dist: 149 feet Direction: FNL Dist: 150 feet Direction: FEL
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&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

| 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 | 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 1/2" 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 OVERMAN

Title: 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

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|----------------|---------------------|
| | | Stamp Upon Approval |

Total: 0 comment(s)