

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:

403867608

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 05-123-52198-00

County: WELD

Well Name: Onyx Federal

Well Number: 2

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

Footage at surface: Distance: 551 feet Direction: FNL Distance: 269 feet Direction: FWL

As Drilled Latitude: 40.551861 As Drilled Longitude: -104.753297

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: 524 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: 590 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) 12/22/2023 Date TD: 01/09/2024 Date Casing Set or D&A: 01/10/2024

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 22003 TVD** 7133 Plug Back Total Depth MD 21987 TVD** 7133

Elevations GR 4896 KB 4919

Digital Copies of ALL Logs must be Attached



List All Logs Run:

CBL, MUD, MWD/LWD, (RES IN API 123-52197)

FLUID VOLUMES USED IN DRILLING OPERATIONS

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

Total Fluids (bbls): 2726

Fresh Water (bbls): 155

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	1721	496	1721	0	VISU
1ST	8+1/2	5+1/2	P110	20	0	21987	2585	21987	160	CBL

Bradenhead Pressure Action Threshold 516 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	3,953				
SUSSEX	4,682				
SHANNON	5,720				
SHARON SPRINGS	7,211				
NIOBRARA	7,246				

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- No open hole resistivity log with gamma ray was run on this well per rule 317.p. A Resistivity log was run on ONYX FEDERAL 1 (API 123-52197)

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>					
403867709	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
403867699	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>					
403867679	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
403867684	PDF-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
403867690	LAS-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
403867691	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
403867700	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
404106688	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
404106689	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)