

FORM
5
Rev
09/14

State of Colorado
Oil and Gas Conservation Commission

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



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Document Number:
400831561

Date Received:

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type Final completion Preliminary completion

OGCC Operator Number: 10234 Contact Name: Larry Manikowski
Name of Operator: BAYHORSE PETROLEUM LLC Phone: (801) 913-1640
Address: 2558 E PORTSMOUTH AVENUE Fax: (888) 759-3730
City: SALT LAKE CITY State: UT Zip: 84121

API Number 05-061-06895-00 County: KIOWA
Well Name: TRADE WINDS Well Number: 5-21
Location: QtrQtr: SENE Section: 21 Township: 18S Range: 47W Meridian: 6
Footage at surface: Distance: 2273 feet Direction: FNL Distance: 1293 feet Direction: FEL
As Drilled Latitude: 38.477660 As Drilled Longitude: -102.679890

GPS Data:
Date of Measurement: 05/06/2015 PDOP Reading: 2.9 GPS Instrument Operator's Name: Keith Westfall

** If directional footage at Top of Prod. Zone Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____
Sec: _____ Twp: _____ Rng: _____
** If directional footage at Bottom Hole Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____
Sec: _____ Twp: _____ Rng: _____

Field Name: LEFT HAND Field Number: 48880
Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 03/04/2015 Date TD: 03/12/2015 Date Casing Set or D&A: 03/13/2015
Rig Release Date: 03/13/2015 Per Rule 308A.b.

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

Total Depth MD 5210 TVD** _____ Plug Back Total Depth MD 5210 TVD** _____
Elevations GR 4148 KB 4159 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
Borehold Volume; Composite Density/Neutron; Microlog; Porosity Density/Neutron; Resistivity; Sonic

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	8+5/8	24	0	423	300	0	423	VISU

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	
LANSING-KANSAS CITY	3,802		NO	NO	
MARMATON	4,250		YES	NO	
CHEROKEE	4,364		NO	NO	
MORROW	4,756		NO	NO	
MISSISSIPPIAN	5,012		NO	NO	

Comment:

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

Signed: _____ Print Name: Larry F Manikowski

Title: President & CEO/CFO Date: _____ Email: lfmanski@aol.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400831787	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400831792	DST Analysis	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
400831727	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400831728	TIF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400831729	PDF-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400831730	PDF-COMPOSITE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400831731	PDF-MICROLOG	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400831732	PDF-POROSITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400831733	PDF-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400831735	PDF-SONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400831739	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400831740	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)