

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



DE ET OE ES

Document Number:
400878189

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: 10261 Contact Name: Paul Gottlob
Name of Operator: BAYSWATER EXPLORATION AND PRODUCTION Phone: (720) 420-5747
Address: 730 17TH ST STE 610 Fax: _____
City: DENVER State: CO Zip: 80202

API Number 05-123-41714-00 County: WELD
Well Name: Carlson Well Number: D-15-16HN
Location: QtrQtr: NENE Section: 15 Township: 5N Range: 65W Meridian: 6
Footage at surface: Distance: 1056 feet Direction: FNL Distance: 279 feet Direction: FEL
As Drilled Latitude: 40.403695 As Drilled Longitude: -104.640971

GPS Data:
Date of Measurement: 12/01/2015 PDOP Reading: 2.2 GPS Instrument Operator's Name: Ben Milius

** If directional footage at Top of Prod. Zone Dist.: 826 feet. Direction: FNL Dist.: 781 feet. Direction: FEL
Sec: 15 Twp: 5N Rng: 65W

** If directional footage at Bottom Hole Dist.: 888 feet. Direction: FNL Dist.: 2358 feet. Direction: FWL
Sec: 16 Twp: 5N Rng: 65W

Field Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 07/14/2015 Date TD: 08/29/2015 Date Casing Set or D&A: 08/30/2015
Rig Release Date: 11/24/2015 Per Rule 308A.b.

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

Total Depth MD 14760 TVD** 6925 Plug Back Total Depth MD 14743 TVD** 6925

Elevations GR 4621 KB 4644 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
MWD, Mud, CBL, O.H. Logging Exception for API#05-123-41720

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
CONDUCTOR	26	16	43	0	80	400	0	80	VISU
SURF	12+1/4	9+5/8	36	0	841	275	0	841	VISU
1ST	8+3/4	7	29	0	7,303	665	36	7,303	CBL
2ND	6+1/8	4+1/2	13.5	0	14,757	660	6,177	14,757	CALC

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	3,628		NO	NO	
SUSSEX	4,160	4,190	NO	NO	
SHARON SPRINGS	6,641		NO	NO	
NIOBRARA	7,134		NO	NO	

Comment:

The Interpolated TPZ is the planned upper Perforation @ 7313' (which is 10' below the 7" shoe). The actual Perforation depths will be submitted on the Form 5A. The TPZ and BHL distances were calculated using the width of Sections at North edge of each. O.H. Logging Exception for API#05-123-41720, Form 4 Doc #400867096 approved 7/14/2015.

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

Signed: _____ Print Name: Paul Gottlob

Title: Regulatory & Engin. Tech. Date: _____ Email: paul.gottlob@iptenergyservices.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400893973	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400893972	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"/>
Other Attachments			
400893949	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400893971	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400946418	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400946421	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400946424	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400952119	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400952121	LAS-MEASUREMENT/LOGGING WHILE DRILLING	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)