

FORM
5Rev
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 ? |
|-----------------------------|--|---|
| <u>Attachment Checklist</u> | | |
| 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"/> |
| <u>Other Attachments</u> | | |
| 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)