

FORM
5
Rev
02/08

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:
400272490

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

1. OGCC Operator Number: 10261 4. Contact Name: CLAYTON DOKE
 2. Name of Operator: BAYSWATER EXPLORATION AND PRODUCTION Phone: (970) 669-7411
 3. Address: 730 17TH ST STE 610 Fax: (970) 669-4077
 City: DENVER State: CO Zip: 80202

5. API Number 05-001-09739-00 6. County: ADAMS
 7. Well Name: Brown Well Number: 13-8
 8. Location: QtrQtr: SESW Section: 8 Township: 1S Range: 67W Meridian: 6
 Footage at surface: Distance: 1086 feet Direction: FSL Distance: 1652 feet Direction: FWL
 As Drilled Latitude: _____ As Drilled Longitude: _____

GPS Data:
 Date of Measurement: _____ PDOP Reading: _____ GPS Instrument Operator's Name: _____

** If directional footage at Top of Prod. Zone Dist.: 657 feet. Direction: FSL Dist.: 657 feet. Direction: FWL
 Sec: 8 Twp: 1S Rng: 67W
 ** If directional footage at Bottom Hole Dist.: 670 feet. Direction: FSL Dist.: 667 feet. Direction: FWL
 Sec: 8 Twp: 1S Rng: 67W

9. Field Name: SPINDLE 10. Field Number: 77900
 11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 04/05/2012 13. Date TD: 04/10/2012 14. Date Casing Set or D&A: 04/12/2012

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

16. Total Depth MD 8360 TVD** 8231 17 Plug Back Total Depth MD 8329 TVD** 8231

18. Elevations GR 5173 KB 5185 One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:
Density, Neutron, Induction, CBL

20. Casing, Liner and Cement:

CASING

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	1,198	479	0	1,198	VISU
1ST	7+7/8	4+1/2	11.6	0	8,345	1,100	950	8,345	CBL

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:

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES					
FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
PARKMAN	3,680		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	5,136		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,680		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	8,093		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	8,118		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

This is a preliminary Form 5 submission. The as-built lat/longs will be provided on a Form 4 Sundry when available.

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

Signed: _____ Print Name: CLAYTON DOKE

Title: Agent for Bayswater Date: _____ Email: cdoke@petersonenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400281390	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400281386	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			
400281345	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400281393	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400281399	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)