

FORM
5A

Rev
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

2286608

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 6720
2. Name of Operator: BAYLESS PRODUCER LLC* ROBERT L
3. Address: 621 17TH ST STE 2300
City: DENVER State: CO Zip: 80293
4. Contact Name: HABIB GUERRERO
Phone: (505) 326-2659
Fax: (505) 326-6911

5. API Number 05-103-10577-00
6. County: RIO BLANCO
7. Well Name: HELLS HOLE
Well Number: 6-14
8. Location: QtrQtr: SESW Section: 6 Township: 2S Range: 103W Meridian: 6
9. Field Name: HELLS HOLE CANYON Field Code: 34175

Completed Interval

FORMATION: <u>DAKOTA</u>	Status: <u>PRODUCING</u>
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Treatment Date: <u>11/17/2006</u>	Date of First Production this formation: <u>11/24/2006</u>
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Perforations	Top: <u>7032</u>	Bottom: <u>7096</u>	No. Holes: <u>70</u>	Hole size: <u>34/100</u>
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Provide a brief summary of the formation treatment: _____ Open Hole: ☐

70,000 GALS OF LIGHTNING 18 (GUAR-BORATE) X-LINKED GELLED FLUID WITH 30% NITROGEN ADDED CONTAINING 175,000 LBS OF 20/40 SAND.

This formation is commingled with another formation: ☒ Yes ☐ No

Test Information:

Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____
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Calculated 24 hour rate: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____	GOR: _____
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Test Method: _____	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____
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Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: _____	API Gravity Oil: _____
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Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7110</u>	Tbg setting date: <u>12/15/2011</u>	Packer Depth: _____
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Reason for Non-Production: _____

Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
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Bridge Plug Depth: _____	Sacks cement on top: _____
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FORMATION: <u>MANCOS B</u>	Status: <u>PRODUCING</u>
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Treatment Date: <u>10/13/2008</u>	Date of First Production this formation: <u>10/28/2008</u>
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Perforations	Top: <u>4030</u>	Bottom: <u>4231</u>	No. Holes: <u>44</u>	Hole size: <u>34/100</u>
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Provide a brief summary of the formation treatment: _____ Open Hole: ☐

4030'-4129' INTERVAL: 1000 GAL 7 1/2% HCL ACID, 101,013 GAL OF HYBRID 18# DELTA 140 GELLED FLUID AND 100,000 LBS 20/40 SAND.
4154'-4231' INTERVAL: 1000 GAL 7 1/2% HCL ACID, 80,391 GAL OF HYBRID 18# DELTA 140 GELLED FLUID AND 85,000 LBS 20/40 SAND.

This formation is commingled with another formation: ☒ Yes ☐ No

Test Information:

Date: <u>10/28/2008</u>	Hours: <u>3</u>	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: <u>31</u>
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Calculated 24 hour rate: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: <u>744</u>	GOR: _____
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Test Method: <u>SWABBING</u>	Casing PSI: <u>5</u>	Tubing PSI: _____	Choke Size: _____
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Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: _____	API Gravity Oil: _____
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Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: _____	Tbg setting date: <u>12/15/2011</u>	Packer Depth: _____
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Reason for Non-Production: _____

Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
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Bridge Plug Depth: _____	Sacks cement on top: _____
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Comment: _____

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

Signed: _____

Print Name: HABIB GUERRERO

Title: OPERATIONS ENGINEER

Date: 12/19/2011

Email HGUERRERO@RLBAYLESS.COM

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Attachment Check List

Att Doc Num	Name
2286608	FORM 5A SUBMITTED
2286609	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)