

FORM  
5A

Rev  
06/12

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:

400384647

Date Received:

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: 10261  
2. Name of Operator: BAYSWATER EXPLORATION AND PRODUCTION  
3. Address: 730 17TH ST STE 610  
City: DENVER State: CO Zip: 80202  
4. Contact Name: JONATHAN RUNGE  
Phone: (303) 216-0703  
Fax: (303) 216-2139

5. API Number 05-123-35687-00  
6. County: WELD  
7. Well Name: LAKE  
Well Number: 4-27  
8. Location: QtrQtr: SESW Section: 22 Township: 7N Range: 67W Meridian: 6  
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/17/2012 End Date: 08/17/2012 Date of First Production this formation: 01/28/2013

Perforations Top: 7664 Bottom: 7683 No. Holes: 76 Hole size: 038/100

Provide a brief summary of the formation treatment: Open Hole: ☐

8/17/12 Frac: 277,538 gals, 180,331 gals SLF, 180,180 lbs 30/50 White

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

Total fluid used in treatment (bbl): 10773 Max pressure during treatment (psi): 5449

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 0.25

Type of gas used in treatment: Min frac gradient (psi/ft): 0.88

Total acid used in treatment (bbl): 0 Number of staged intervals: 1

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 5382

Fresh water used in treatment (bbl): 6530 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 180180 Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: PIPELINE

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:

Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production:

Date formation Abandoned: Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt

\*\* Bridge Plug Depth: \*\* Sacks cement on top: \*\* Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA-CODELL		Status: PRODUCING		Treatment Type: _____	
Treatment Date: _____		End Date: _____		Date of First Production this formation: 01/28/2013	
Perforations	Top: 7348	Bottom: 7683	No. Holes: 404	Hole size: 042/100	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
This formation is commingled with another formation:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Total fluid used in treatment (bbl): _____			Max pressure during treatment (psi): _____		
Total gas used in treatment (mcf): _____			Fluid density at initial fracture (lbs/gal): _____		
Type of gas used in treatment: _____			Min frac gradient (psi/ft): _____		
Total acid used in treatment (bbl): _____			Number of staged intervals: _____		
Recycled water used in treatment (bbl): _____			Flowback volume recovered (bbl): _____		
Fresh water used in treatment (bbl): _____			Disposition method for flowback: _____		
Total proppant used (lbs): _____			Rule 805 green completion techniques were utilized: <input type="checkbox"/>		
Reason why green completion not utilized: _____					
<b>Fracture stimulations must be reported on FracFocus.org</b>					
<b><u>Test Information:</u></b>					
Date: 02/01/2013	Hours: 24	Bbl oil: 75	Mcf Gas: 24	Bbl H2O: 0	
Calculated 24 hour rate:	Bbl oil: 75	Mcf Gas: 24	Bbl H2O: 0	GOR: 320	
Test Method: FLOWING	Casing PSI: 850	Tubing PSI: _____	Choke Size: 012/64		
Gas Disposition: SOLD	Gas Type: WET	Btu Gas: 1231	API Gravity Oil: 41		
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____		
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____			
** Bridge Plug Depth: _____	** Sacks cement on top: _____	** Wireline and Cement Job Summary must be attached.			

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/28/2012 End Date: 08/28/2012 Date of First Production this formation: \_\_\_\_\_

Perforations Top: 7348 Bottom: 7588 No. Holes: 328 Hole size: 042/100

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

NBRR A- 8/28/12 Frac: 115,626 gals, 58,706 gals SLF, 33,000 lbs 30/50 White  
 NBRR B- 8/28/12 Frac: 221,849 gals, 168,691 gals SLF, 152,900 lbs 30/50 White  
 NBRR C- 8/28/12 Frac: 209,065 gals, 131,461 gals SLF, 120,460 lbs 30/50 White

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

Total fluid used in treatment (bbl): 21203 Max pressure during treatment (psi): 5803  
 Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 0.25  
 Type of gas used in treatment: \_\_\_\_\_ Min frac gradient (psi/ft): 0.95  
 Total acid used in treatment (bbl): 0 Number of staged intervals: 3  
 Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 10410  
 Fresh water used in treatment (bbl): 12860 Disposition method for flowback: DISPOSAL  
 Total proppant used (lbs): 306360 Rule 805 green completion techniques were utilized: ☐  
 Reason why green completion not utilized: PIPELINE

**Fracture stimulations must be reported on FracFocus.org**

**Test Information:**

Date: \_\_\_\_\_ Hours: \_\_\_\_\_ Bbl oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbl H2O: \_\_\_\_\_  
 Calculated 24 hour rate: \_\_\_\_\_ Bbl oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbl H2O: \_\_\_\_\_ GOR: \_\_\_\_\_  
 Test Method: \_\_\_\_\_ Casing PSI: \_\_\_\_\_ Tubing PSI: \_\_\_\_\_ Choke Size: \_\_\_\_\_  
 Gas Disposition: \_\_\_\_\_ Gas Type: \_\_\_\_\_ Btu Gas: \_\_\_\_\_ API Gravity Oil: \_\_\_\_\_  
 Tubing Size: \_\_\_\_\_ Tubing Setting Depth: \_\_\_\_\_ Tbg setting date: \_\_\_\_\_ Packer Depth: \_\_\_\_\_  
 Reason for Non-Production: \_\_\_\_\_  
 Date formation Abandoned: \_\_\_\_\_ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt \_\_\_\_\_  
 \*\* Bridge Plug Depth: \_\_\_\_\_ \*\* Sacks cement on top: \_\_\_\_\_ \*\* Wireline and Cement Job Summary must be attached.

Comment: \_\_\_\_\_

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

Signed: \_\_\_\_\_ Print Name: JONATHAN RUNGE  
 Title: CONSULTANT Date: \_\_\_\_\_ Email: jrunge@iptengineers.com

### **Attachment Check List**

Att Doc Num	Name
400384688	WELLBORE DIAGRAM

Total Attach: 1 Files

### **General Comments**

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

Total: 0 comment(s)