

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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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 05-001-09738-00
6. County: ADAMS
7. Well Name: Brown
Well Number: 11-8
8. Location: QtrQtr: SESW Section: 8 Township: 1S Range: 67W Meridian: 6
9. Field Name: SPINDLE Field Code: 77900

Completed Interval

FORMATION: CODELL Status: SHUT IN Treatment Type:
Treatment Date: End Date: Date of First Production this formation:
Perforations Top: 8111 Bottom: 8130 No. Holes: 76 Hole size: 040/100
Provide a brief summary of the formation treatment: Open Hole: ☐
This formation is commingled with another formation: ☐ Yes ☒ 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: ☐
Reason why green completion not utilized:

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: 8020 ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 01/18/2013 End Date: 01/18/2013 Date of First Production this formation: 01/28/2013

Perforations Top: 7661 Bottom: 7974 No. Holes: 308 Hole size: 042/100

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

NBRR A- 221,546 gals(169,336 gals SLF), 150,220 lbs 30/50 White
 NBRR B- 291,896 gals(215,564 gals SLF), 252,600 lbs 30/50 White
 NBRR C- 186,843 gals(108,401 gals SLF), 80,000 lbs 30/50 White

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

Total fluid used in treatment (bbl): 17036 Max pressure during treatment (psi): 5640
 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): 0.78
 Total acid used in treatment (bbl): 0 Number of staged intervals: 3
 Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 13
 Fresh water used in treatment (bbl): 16673 Disposition method for flowback: DISPOSAL
 Total proppant used (lbs): 482820 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: 02/07/2013 Hours: 8 Bbl oil: 22 Mcf Gas: 22 Bbl H2O: 1
 Calculated 24 hour rate: Bbl oil: 66 Mcf Gas: 66 Bbl H2O: 3 GOR: 1000
 Test Method: FLOWING Casing PSI: 400 Tubing PSI: Choke Size: 012/64
 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1361 API Gravity Oil: 47
 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
400431245	WELLBORE DIAGRAM
400432105	WIRELINE JOB SUMMARY

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)