

FORM
5ARev
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:

400538075

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 4. Contact Name: JONATHAN RUNGE
 2. Name of Operator: BAYSWATER EXPLORATION AND PRODUCTION Phone: (720) 420-5700
 3. Address: 730 17TH ST STE 610 Fax: (720) 420-5800
 City: DENVER State: CO Zip: 80202 Email: jrunge@iptengineers.com

5. API Number 05-123-34359-00 6. County: WELD
 7. Well Name: Larson Farms Well Number: 1-24
 8. Location: QtrQtr: SWNE Section: 24 Township: 6N Range: 64W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/17/2013 End Date: 10/17/2013 Date of First Production this formation: 10/18/2013

Perforations Top: 6992 Bottom: 7004 No. Holes: 48 Hole size: 042/100

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

Frac Codell w/ 589 bbls Slickwater pad, 2496.2 bbls Crosslink slurry (prop concentration ranging from 1.0-4.0 ppg 20/40 White). Pump 23.8 bbls 15% HCl. Flush w/ 96 bbls Slickwater

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

Total fluid used in treatment (bbl): 3205 Max pressure during treatment (psi): 4931

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.85

Total acid used in treatment (bbl): 23 Number of staged intervals: 1

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 919

Fresh water used in treatment (bbl): 3109 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 245060 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 10/19/2013 Hours: 19 Bbl oil: 90 Mcf Gas: 114 Bbl H2O: 137

Calculated 24 hour rate: Bbl oil: 114 Mcf Gas: 144 Bbl H2O: 173 GOR: 1267

Test Method: FLOWING Casing PSI: 510 Tubing PSI: _____ Choke Size: 014/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1283 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:

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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

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Attachment Check List

Att Doc Num

Name

400538086

WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)