

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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10/15/2013

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 05-123-36410-00	6. County: WELD
7. Well Name: Hirsch	Well Number: 14-24
8. Location: QtrQtr: NENE Section: 26 Township: 7N Range: 67W Meridian: 6	
9. Field Name: WATTENBERG	Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 04/01/2013 End Date: 04/01/2013 Date of First Production this formation: _____
Perforations Top: 7818 Bottom: 7832 No. Holes: 56 Hole size: 042/100

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

Frac on 04/01/13, with 296,520 gals Slickwater and 180,740 lbs. 30/50 White

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

Total fluid used in treatment (bbl): 7060 Max pressure during treatment (psi): 5889

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): 0.91

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

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 4942

Fresh water used in treatment (bbl): 7060 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 180740 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: 05/27/2013	
Perforations	Top: 7520	Bottom: 7832	No. Holes: 276	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: _____					
Fracture stimulations must be reported on FracFocus.org					
<u>Test Information:</u>					
Date: 05/31/2013	Hours: 24	Bbl oil: 114	Mcf Gas: 69	Bbl H2O: 27	
Calculated 24 hour rate:	Bbl oil: 114	Mcf Gas: 69	Bbl H2O: 27	GOR: 605	
Test Method: FLOWING	Casing PSI: 1000	Tubing PSI: _____	Choke Size: 012/64		
Gas Disposition: SOLD	Gas Type: WET	Btu Gas: 1323	API Gravity Oil: 42		
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: 04/01/2013 End Date: 04/01/2013 Date of First Production this formation: 05/27/2013
Perforations Top: 7520 Bottom: 7730 No. Holes: 220 Hole size: 042/100
Provide a brief summary of the formation treatment: Open Hole: ☐

Frac Nio B & C on 04/01/13, with 309,728 gals Slickwater and 226,120 lbs. 30/50 White
Frac Nio A on 04/01/13, with 152,389 gals Slickwater and 100,560 lbs. 30/50 White

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

Total fluid used in treatment (bbl): 11051 Max pressure during treatment (psi): 5854
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): 0.98
Total acid used in treatment (bbl): 47 Number of staged intervals: 2
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 7701
Fresh water used in treatment (bbl): 11003 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 326680 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: 10/15/2013 Email: jrunge@iptengineers.com

Attachment Check List

Att Doc Num	Name
400495530	FORM 5A SUBMITTED
400495551	OTHER

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)