

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:

400589163

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: Sean McClaren  
Phone: (720) 881-4479  
Fax:  
Email: smcclaren@bayswater.us

5. API Number 05-001-06439-00  
6. County: ADAMS  
7. Well Name: DUMLER  
Well Number: 3-24  
8. Location: QtrQtr: SENW Section: 24 Township: 2S Range: 62W Meridian: 6  
9. Field Name: IRONDALE Field Code: 39350

Completed Interval

FORMATION: D SAND Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/06/1986 End Date: 05/06/1986 Date of First Production this formation:

Perforations Top: 7068 Bottom: 7081 No. Holes: 44 Hole size:

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

Formation was frac'd using lease crude with a 30bbl pad, 50bbls 1/2#, 150bbls 1#, 20bbls 1.5#, 50bbls 2# and 175bbls flush.

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

Total fluid used in treatment (bbl): 470 Max pressure during treatment (psi): 3400

Total gas used in treatment (mcf): 0 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: 1

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

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

Total proppant used (lbs): 13000 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: 2 + 7/8 Tubing Setting Depth: 7103 Tbg setting date: 05/08/1986 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: J SAND Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/06/1986 End Date: 05/06/1986 Date of First Production this formation: 05/10/1986

Perforations Top: 7156 Bottom: 7160 No. Holes: 9 Hole size:

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

Formation was frac'd using lease crude with a 30bbl pad, 50bbls 1/2#, 150bbls 1#, 20bbls 1.5#, 50bbls 2# and 175bbls flush.

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

Total fluid used in treatment (bbl):  Max pressure during treatment (psi): 3400

Total gas used in treatment (mcf): 0 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: 1

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

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

Total proppant used (lbs): 13000 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: 2 + 7/8 Tubing Setting Depth: 7103 Tbg setting date: 05/08/1986 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: Sean McClaren

Title: Operations Engineer Date:  Email: smcclaren@bayswater.us

### Attachment Check List

Att Doc Num	Name
400589208	COMPLETED INTERVAL REPORT

Total Attach: 1 Files

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)