

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400384690

Date Received:

03/01/2013

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
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
Email: jrunge@iptengineers.com

5. API Number 05-123-35728-00
6. County: WELD
7. Well Name: BALDRIDGE
Well Number: 1-1
8. Location: QtrQtr: SWSE Section: 36 Township: 7N Range: 67W Meridian: 6
9. Field Name: EATON Field Code: 19350

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/20/2012 End Date: 11/20/2012 Date of First Production this formation: 12/27/2012

Perforations Top: 7595 Bottom: 7611 No. Holes: 64 Hole size: 038/100

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

Frac Codell on 11/20/12 with 172,788 gals and 186,210 # 30/50 white

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

Total fluid used in treatment (bbl): 6551 Max pressure during treatment (psi): 5497

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): 0.92

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

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

Fresh water used in treatment (bbl): 4065 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 186210 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: 12/27/2012	
Perforations	Top: 7262	Bottom: 7611	No. Holes: 272	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: 01/09/2013	Hours: 24	Bbl oil: 132	Mcf Gas: 142	Bbl H2O: 19	
Calculated 24 hour rate:	Bbl oil: 132	Mcf Gas: 142	Bbl H2O: 19	GOR: 1076	
Test Method: FLOWING	Casing PSI: 1060	Tubing PSI: _____	Choke Size: 014/64		
Gas Disposition: SOLD	Gas Type: WET	Btu Gas: 1283	API Gravity Oil: 44		
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: 01/20/2013 End Date: 01/20/2013 Date of First Production this formation: 12/27/2012
Perforations Top: 7262 Bottom: 7470 No. Holes: 208 Hole size: 042/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

NBRR A: Frac on 11/20/12 with 107,100 gals and 100,080 # 30/50 White, 1000 gal 15% HCL
NBRR B: Frac on 11/20/12 with 188,664 gals and 179,032# 30/50 White, 1000 gal 15% HCL

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

Total fluid used in treatment (bbl): 10832

Max pressure during treatment (psi): 5588

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): 0.96

Total acid used in treatment (bbl): 47

Number of staged intervals: 2

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): 6959

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 279112

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: 3/1/2013 Email: jrunge@iptengineers.com

Attachment Check List

Att Doc Num	Name
400384690	FORM 5A SUBMITTED
400384784	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Cement tickets received and form 5 approved.	4/17/2014 1:27:23 PM
Permit	Sent reminder to OPr regarding missing cement tickets.	4/10/2013 11:09:31 AM
Permit	Have not received cement tickets for form 5. Moving this form to on hold.	4/5/2013 2:15:31 PM
Permit	I have the form 5 on hold for cement tickets.	3/19/2013 4:16:14 PM

Total: 4 comment(s)