

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: (720) 420-5700
Fax: (720) 420-5800
Email: jonathan.runge@iptenergyservices.com

5. API Number 05-123-37504-00
6. County: WELD
7. Well Name: Booth
Well Number: 19-23
8. Location: QtrQtr: SWSE Section: 23 Township: 7N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: SHUT IN Treatment Type:
Treatment Date: End Date: Date of First Production this formation:
Perforations Top: 7472 Bottom: 7483 No. Holes: 44 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: Test upper formation
Date formation Abandoned: 02/25/2014 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt
** Bridge Plug Depth: 7389 ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 02/27/2014 End Date: 02/27/2014 Date of First Production this formation: 03/13/2014
Perforations Top: 7116 Bottom: 7380 No. Holes: 240 Hole size: 040/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac NBRR A w/ 250,723 gal SW and 50,000# 30/50 sand. ISIP=3695 psi (0.975 F.G.). ATP=5347 psi, ATR=44.9 BPM, MTP=5726 psi, MTR=47.8 BPM.
Frac NBRR B w/ 285,280 gal SW and 177,570# 30/50 sand. ISIP=3544 psi (0.918 F.G.). ATP=5276 psi, ATR=54.9 BPM, MTP=5629 psi, MTR=59.0 BPM.
Frac NBRR C w/ 155,484 gal SW and 96,500# 30/50 sand. ISIP=3620 psi (0.950 F.G.). ATP=5049 psi, ATR=48.7 BPM, MTP=5635 psi, MTR=50.1 BPM.

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

Total fluid used in treatment (bbl): 16464

Max pressure during treatment (psi): 5726

Total gas used in treatment (mcf): 0

Fluid density at initial fracture (lbs/gal): 9.81

Type of gas used in treatment: _____

Min frac gradient (psi/ft): 0.91

Total acid used in treatment (bbl): 0

Number of staged intervals: 3

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): 3705

Fresh water used in treatment (bbl): 16464

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 324070

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 03/13/2014 Hours: 24 Bbl oil: 43 Mcf Gas: 2 Bbl H2O: 125
Calculated 24 hour rate: Bbl oil: 43 Mcf Gas: 2 Bbl H2O: 125 GOR: 47
Test Method: FLOWING Casing PSI: 900 Tubing PSI: _____ Choke Size: 012/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1286 API Gravity Oil: 44
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: jonathan.runge@iptenergyservices.com

Attachment Check List

Att Doc Num	Name
400601242	WELLBORE DIAGRAM
400601244	WIRELINE JOB SUMMARY

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)