

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:

400596544

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: PAUL GOTTLLOB
Phone: (720) 420-5700
Fax: (720) 420-5800
Email: paul.gottlob@iptenergyservices.com

5. API Number 05-123-32222-00
6. County: WELD
7. Well Name: MATRIX
Well Number: 23-29
8. Location: QtrQtr: SESW Section: 29 Township: 6N 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: 7358 Bottom: 7368 No. Holes: 40 Hole size: 041/100
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: Testing upper formation
Date formation Abandoned: 01/14/2014 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt
** Bridge Plug Depth: 7340 ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 01/27/2014 End Date: 01/27/2014 Date of First Production this formation: 01/30/2014
Perforations Top: 7102 Bottom: 7270 No. Holes: 240 Hole size: 042/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac NBRR A w/ 145,110 gal SW and 87,749# 30/50 sand. ISIP=4988 psi (1.14 F.G.). ATP=5460 psi, ATR=39.9 BPM, MTP=5900 psi, MTR=49.2 BPM.
Frac NBRR B w/ 267,792 gal SW and 116,348# 30/50 sand. ISIP=4177 psi (1.02 F.G.). ATP=5325 psi, ATR=49.8 BPM, MTP=5847 psi, MTR=53.1 BPM.
Frac NBRR C w/ 152,964 gal SW and 82,334# 30/50 sand, 1000 gals 15% HCl. ISIP=3800 psi (0.971 F.G.). ATP=5317 psi, ATR=54.0 BPM, MTP=6064 psi, MTR=58.1 BPM.

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

Total fluid used in treatment (bbl): 13497

Max pressure during treatment (psi): 6064

Total gas used in treatment (mcf):

Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment:

Min frac gradient (psi/ft): 0.97

Total acid used in treatment (bbl): 24

Number of staged intervals: 3

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): 6074

Fresh water used in treatment (bbl): 13473

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 286431

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 02/07/2014 Hours: 24 Bbl oil: 34 Mcf Gas: 181 Bbl H2O: 1
Calculated 24 hour rate: Bbl oil: 34 Mcf Gas: 181 Bbl H2O: 1 GOR: 5323
Test Method: FLOWING Casing PSI: 220 Tubing PSI: Choke Size: 064/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1317 API Gravity Oil: 51
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: PAUL GOTTLÖB
Title: CONSULTANT Date: Email paul.gottlob@iptenergyservices.com

Attachment Check List

Att Doc Num	Name
400596579	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)