

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:

400752245

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) 420-5747
Fax: (720) 420-5800
Email: paul.gottlob@iptenergyservices.com

5. API Number 05-123-11042-00
6. County: WELD
7. Well Name: WHITE
Well Number: 8-1
8. Location: QtrQtr: NWNW Section: 8 Township: 5N Range: 66W 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: 7337 Bottom: 7346 No. Holes: 14 Hole size:
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: re-frac Niobrara
Date formation Abandoned: Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt
** Bridge Plug Depth: 7290 ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 05/21/2014 End Date: 05/23/2014 Date of First Production this formation: 06/24/2014
Perforations Top: 7158 Bottom: 7234 No. Holes: 48 Hole size: _____
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Frac Nio C & B w/ 4087 bbls FR water & XL fluid & 243,598 lbs 30/50 sand

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

Total fluid used in treatment (bbl): 4087

Max pressure during treatment (psi): 5883

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): 0.94

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): 4087

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 243598

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 07/03/2014 Hours: 24 Bbl oil: 36 Mcf Gas: 16 Bbl H2O: 2
Calculated 24 hour rate: Bbl oil: 36 Mcf Gas: 16 Bbl H2O: 2 GOR: 446
Test Method: flowing Casing PSI: 600 Tubing PSI: 550 Choke Size: 1 + 2/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1279 API Gravity Oil: 52
Tubing Size: 2 + 7/8 Tubing Setting Depth: 7128 Tbg setting date: 05/22/2014 Packer Depth: 7128

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 GOTTLOB
Title: REG & ENG TECH Date: _____ Email: paul.gottlob@iptenergyservices.com

Attachment Check List

Att Doc Num Name

400752274 WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group Comment Comment Date

Total: 0 comment(s)