

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



Table with columns DE, ET, OE, ES

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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: Joe Richardson Phone: (303) 242-1844 Fax: Email: jrichardson@bayswater.us

5. API Number 05-123-40896-00 6. County: WELD 7. Well Name: Sherley Well Number: G-4-9HC 8. Location: QtrQtr: NWNW Section: 4 Township: 5N Range: 65W Meridian: 6 9. Field Name: GREELEY Field Code: 32760

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/06/2015 End Date: 08/09/2015 Date of First Production this formation:

Perforations Top: 15250 Bottom: 16433 No. Holes: 210 Hole size: 0.4

Provide a brief summary of the formation treatment: Open Hole: []

Frac 7 Stages (Plug and Perf) with 31,680 bbl Hybrid fluid (Slickwater and crosslink) 782,727 lbs sand

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): 31680 Max pressure during treatment (psi): 8120 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): 0.93 Total acid used in treatment (bbl): Number of staged intervals: 7 Recycled water used in treatment (bbl): Flowback volume recovered (bbl): Fresh water used in treatment (bbl): 31680 Disposition method for flowback: DISPOSAL Total proppant used (lbs): 782727 Rule 805 green completion techniques were utilized: [X] 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:

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:

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I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Joe Richardson

Title: Sr. Operations Engineer Date: 9/16/2015 Email jrichardson@bayswater.us
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Attachment Check List

Att Doc Num **Name**

400900651	WELLBORE DIAGRAM
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Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)