


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 border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: 400977393 Date Received:				
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: <u>10261</u> 2. Name of Operator: <u>BAYSWATER EXPLORATION AND PRODUCTION</u> 3. Address: <u>730 17TH ST STE 610</u> City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	4. Contact Name: <u>Joe Richardson</u> Phone: <u>(303) 242-1844</u> Fax: _____ Email: <u>jrichardson@bayswater.us</u>
---	--

5. API Number <u>05-123-41415-00</u> 7. Well Name: <u>Walton</u> 8. Location: QtrQtr: <u>NENE</u> Section: <u>25</u> Township: <u>7N</u> 9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	6. County: <u>WELD</u> Well Number: <u>H-25HC</u> Range: <u>67W</u> Meridian: <u>6</u>
---	--

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>PRODUCING</u>	Treatment Type: <u>FRACTURE STIMULATION</u>
Treatment Date: <u>12/01/2015</u>	End Date: <u>12/04/2015</u>	Date of First Production this formation: <u>12/22/2015</u>
Perforations Top: <u>8190</u>	Bottom: <u>12300</u>	No. Holes: _____
Provide a brief summary of the formation treatment:		Hole size: _____
		Open Hole: <input checked="" type="checkbox"/>
Frac 28 Stages (sleeves & swell packers) with 77,030 bbl Hybrid fluid (Slickwater & crosslink) and 4,320,977 lbs. sand		

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): <u>77030</u>	Max pressure during treatment (psi): <u>5372</u>
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): <u>8.34</u>
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>0.95</u>
Total acid used in treatment (bbl): _____	Number of staged intervals: <u>28</u>
Recycled water used in treatment (bbl): _____	Flowback volume recovered (bbl): <u>5574</u>
Fresh water used in treatment (bbl): <u>77030</u>	Disposition method for flowback: <u>DISPOSAL</u>
Total proppant used (lbs): <u>4320977</u>	Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>
Reason why green completion not utilized: _____	

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: <u>12/27/2015</u>	Hours: <u>24</u>	Bbl oil: <u>441</u>	Mcf Gas: <u>160</u>	Bbl H2O: <u>772</u>
Calculated 24 hour rate:	Bbl oil: <u>441</u>	Mcf Gas: <u>160</u>	Bbl H2O: <u>772</u>	GOR: <u>363</u>
Test Method: <u>flowing</u>	Casing PSI: <u>1310</u>	Tubing PSI: _____	Choke Size: _____	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	Btu Gas: <u>1391</u>	API Gravity Oil: <u>41</u>	
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____	
Reason for Non-Production: 				
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.		

Comment:

Form 5 states top of producing formation as 7983, but form 5A top perf at 8190 is correct.

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. Ops Engineer Date: _____ Email jrichardson@bayswater.us
:

Attachment Check List

Att Doc Num **Name**

400977452	WELLBORE DIAGRAM
-----------	------------------

Total Attach: 1 Files

General Comments

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

--	--	--

Total: 0 comment(s)