

FORM 5A

Rev 06/12

# State of Colorado Oil and Gas Conservation Commission

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Document Number:  
401002651

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 4. Contact Name: Joe Richardson  
 2. Name of Operator: BAYSWATER EXPLORATION AND PRODUCTION Phone: (303) 242-1844  
 3. Address: 730 17TH ST STE 610 Fax: \_\_\_\_\_  
 City: DENVER State: CO Zip: 80202 Email: jrichardson@bayswater.us

5. API Number 05-123-41105-00 6. County: WELD  
 7. Well Name: Arellano Well Number: R-10-9HC  
 8. Location: QtrQtr: NESE Section: 10 Township: 5N Range: 65W Meridian: 6  
 9. Field Name: WATTENBERG Field Code: 90750

### Completed Interval

FORMATION: CODELL Status: SHUT IN Treatment Type: FRACTURE STIMULATION

Treatment Date: 02/08/2016 End Date: 02/18/2016 Date of First Production this formation: \_\_\_\_\_

Perforations Top: 7546 Bottom: 13830 No. Holes: \_\_\_\_\_ Hole size: \_\_\_\_\_

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

Frac 51 Stages (sleeves & swell packers) with 152,098 bbl Hybrid fluid (Slickwater & crosslink) and 6,472,843 lbs. sand

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 152098 Max pressure during treatment (psi): 8871

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): 0.99

Total acid used in treatment (bbl): 575 Number of staged intervals: 51

Recycled water used in treatment (bbl): \_\_\_\_\_ Flowback volume recovered (bbl): \_\_\_\_\_

Fresh water used in treatment (bbl): 151523 Disposition method for flowback: \_\_\_\_\_

Total proppant used (lbs): 6472843 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: \_\_\_\_\_

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:

Waiting on Facility construction.

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  
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### Attachment Check List

**Att Doc Num**      **Name**

401002724	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)