

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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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 05-123-41105-00
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: [X]

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 [X] 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: [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:

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: 3/9/2016 Email jrichardson@bayswater.us
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401002651	FORM 5A SUBMITTED
401002724	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)