

FORM
5ARev
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:

402034709

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: ROBERT CARNEY
 2. Name of Operator: BAYSWATER EXPLORATION & PRODUCTION LLC Phone: (720) 881-4509
 3. Address: 730 17TH ST STE 500 Fax: _____
 City: DENVER State: CO Zip: 80202 Email: RCarney@bayswater.us

5. API Number 05-123-46036-00 6. County: WELD
 7. Well Name: G & D Hanks Well Number: S-27-28HN
 8. Location: QtrQtr: SWSE Section: 27 Township: 7N Range: 66W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION
 Treatment Date: 09/28/2018 End Date: 10/29/2018 Date of First Production this formation: 02/06/2019
 Perforations Top: 7904 Bottom: 17977 No. Holes: 1880 Hole size: 33/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

Performed 47 Stage Frac, using a total of 13,161,000 lbs Sand, Total Fluid used 593,735 bbls, Max PSI 8085, Total of 1880 holes, Perf. Diam. 0.33", Total Acid 15% HCl 524 bbls.

This formation is commingled with another formation: ☐ Yes ☒ NoTotal fluid used in treatment (bbl): 593735Max pressure during treatment (psi): 8085

Total gas used in treatment (mcf): _____

Fluid density at initial fracture (lbs/gal): 8.33

Type of gas used in treatment: _____

Min frac gradient (psi/ft): 1.03Total acid used in treatment (bbl): 524Number of staged intervals: 47

Recycled water used in treatment (bbl): _____

Flowback volume recovered (bbl): 46027Fresh water used in treatment (bbl): 593211Disposition method for flowback: DISPOSALTotal proppant used (lbs): 13161000Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 02/06/2019 Hours: 24 Bbl oil: 142 Mcf Gas: 127 Bbl H2O: 1409
 Calculated 24 hour rate: Bbl oil: 142 Mcf Gas: 127 Bbl H2O: 1409 GOR: 894
 Test Method: FLOWING Casing PSI: 1700 Tubing PSI: _____ Choke Size: 18/64
 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1280 API Gravity Oil: 42
 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:

The stated footages for the TPZ are at MD 7904', TVD 7212', this has changed from what was reported on the Form 5.
The stated footages for the BHL are at MD 18123', TVD 7191', this has not changed from what was reported on the Form 5.

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

Signed: _____ Print Name: SEAN DOLFINGER
Title: ENGINEERING TECH. Date: _____ Email : sean.dolfinger@iptenergyservices.com

Attachment Check List

Att Doc Num **Name**

402034971	COMPLETED INTERVAL REPORT
402036188	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group **Comment**

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)