

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:

402034748

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 05-123-46030-00 6. County: WELD
 7. Well Name: G & D Hanks Well Number: X-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 STIMULATIONTreatment Date: 11/01/2018 End Date: 12/15/2018 Date of First Production this formation: 01/17/2019Perforations Top: 8138 Bottom: 18235 No. Holes: 1720 Hole size: 33/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

Performed 53 Stage Frac, using a total of 12,359,200 lbs Sand, Total Fluid used 657,484 bbls, Max PSI 8400, Total of 1720 holes, Perf. Diam. 0.33", Total Acid 15% HCl 607 bbls.

This formation is commingled with another formation: ☐ Yes ☒ NoTotal fluid used in treatment (bbl): 657484Max pressure during treatment (psi): 8400

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): 1.06Total acid used in treatment (bbl): 607Number of staged intervals: 53

Recycled water used in treatment (bbl): _____

Flowback volume recovered (bbl): 97768Fresh water used in treatment (bbl): 656877Disposition method for flowback: DISPOSALTotal proppant used (lbs): 12359200Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 01/17/2019 Hours: 24 Bbl oil: 101 Mcf Gas: 73 Bbl H2O: 1521Calculated 24 hour rate: Bbl oil: 101 Mcf Gas: 73 Bbl H2O: 1521 GOR: 723Test Method: FLOWING Casing PSI: 1950 Tubing PSI: _____ Choke Size: 18/64Gas 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 8138', TVD 7279', this has changed from what was reported on the Form 5.
The stated footages for the BHL are at MD 18352', TVD 7291', 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

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Attachment Check List

Att Doc Num **Name**

402034982	COMPLETED INTERVAL REPORT
402036260	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group **Comment**

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)