

Document Number:  
 402196769

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: (303) 893-2503  
 3. Address: 730 17TH ST STE 500 Fax: \_\_\_\_\_  
 City: DENVER State: CO Zip: 80202 Email: rcarney@bayswater.us

5. API Number 05-123-30368-00 6. County: WELD  
 7. Well Name: SPENCER Well Number: 21-14  
 8. Location: QtrQtr: SWSW Section: 21 Township: 7N Range: 65W Meridian: 6  
 9. Field Name: WATTENBERG Field Code: 90750

**Completed Interval**

FORMATION: NIOBRARA-CODELL Status: TEMPORARILY ABANDONED Treatment Type: \_\_\_\_\_  
 Treatment Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Date of First Production this formation: \_\_\_\_\_  
 Perforations Top: 7070 Bottom: 7262 No. Holes: 106 Hole size: \_\_\_\_\_  
 Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:   
 This formation is commingled with another formation:  Yes  No  
 Total fluid used in treatment (bbl): \_\_\_\_\_ Max pressure during treatment (psi): \_\_\_\_\_  
 Total gas used in treatment (mcf): \_\_\_\_\_ Fluid density at initial fracture (lbs/gal): \_\_\_\_\_  
 Type of gas used in treatment: \_\_\_\_\_ Min frac gradient (psi/ft): \_\_\_\_\_  
 Total acid used in treatment (bbl): \_\_\_\_\_ Number of staged intervals: \_\_\_\_\_  
 Recycled water used in treatment (bbl): \_\_\_\_\_ Flowback volume recovered (bbl): \_\_\_\_\_  
 Fresh water used in treatment (bbl): \_\_\_\_\_ Disposition method for flowback: \_\_\_\_\_  
 Total proppant used (lbs): \_\_\_\_\_ 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: Offset horizontal activity  
 Date formation Abandoned: 09/23/2019 Squeeze:  Yes  No If yes, number of sacks cmt \_\_\_\_\_  
 \*\* Bridge Plug Depth: 7199 \*\* Sacks cement on top: 2 \*\* Wireline and Cement Job Summary must be attached.

Comment:

TA for offset horizontal completion.

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

Signed: \_\_\_\_\_ Print Name: Robert Carney

Title: Engineer Date: \_\_\_\_\_ Email rcarney@bayswater.us  
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### Attachment Check List

**Att Doc Num**      **Name**

402196794	WIRELINE JOB SUMMARY
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Total Attach: 1 Files

### General Comments

**User Group**      **Comment**

**Comment Date**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)