

Document Number:
402034747

Date Received:
05/10/2019

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, reoperation 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: <u>10261</u>	4. Contact Name: <u>ROBERT CARNEY</u>
2. Name of Operator: <u>BAYSWATER EXPLORATION & PRODUCTION LLC</u>	Phone: <u>(720) 881-4509</u>
3. Address: <u>730 17TH ST STE 500</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>RCarney@bayswater.us</u>

5. API Number <u>05-123-46295-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>G & D Hanks</u>	Well Number: <u>WA-27-28HN</u>
8. Location: QtrQtr: <u>SWSE</u> Section: <u>27</u> Township: <u>7N</u> Range: <u>66W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: <u>NIOBRARA</u>	Status: <u>PRODUCING</u>	Treatment Type: <u>FRACTURE STIMULATION</u>
Treatment Date: <u>10/30/2018</u>	End Date: <u>12/15/2018</u>	Date of First Production this formation: <u>01/15/2019</u>
Perforations Top: <u>7767</u>	Bottom: <u>18002</u>	No. Holes: <u>1760</u> Hole size: <u>33/100</u>

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

Performed 54 Stage Frac, using a total of 12,138,400 lbs Sand, Total Fluid used 669,784 bbls, Max PSI 8550, Total of 1760 holes, Perf. Diam. 0.33", Total Acid 15% HCl 607 bbls.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): <u>669784</u>	Max pressure during treatment (psi): <u>8550</u>
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): <u>8.33</u>
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>1.08</u>
Total acid used in treatment (bbl): <u>607</u>	Number of staged intervals: <u>54</u>
Recycled water used in treatment (bbl): _____	Flowback volume recovered (bbl): <u>100013</u>
Fresh water used in treatment (bbl): <u>669177</u>	Disposition method for flowback: <u>DISPOSAL</u>
Total proppant used (lbs): <u>12138400</u>	Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: <u>01/15/2019</u>	Hours: <u>24</u>	Bbl oil: <u>197</u>	Mcf Gas: <u>137</u>	Bbl H2O: <u>2068</u>
Calculated 24 hour rate:	Bbl oil: <u>197</u>	Mcf Gas: <u>137</u>	Bbl H2O: <u>2068</u>	GOR: <u>695</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>2050</u>	Tubing PSI: _____	Choke Size: <u>18/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	Btu Gas: <u>1280</u>	API Gravity Oil: <u>42</u>	
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 7767', TVD 7116', this has changed from what was reported on the Form 5.
The stated footages for the BHL are at MD 18109', TVD 7117', 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: 5/10/2019 Email sean.dolfinger@iptenergyservices.com
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402034747	FORM 5A SUBMITTED
402034981	COMPLETED INTERVAL REPORT
402036255	WELLBORE DIAGRAM

Total Attach: 3 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Passed Completion review.	10/08/2019

Total: 1 comment(s)