

Document Number:
402243913

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) 8814509
 3. Address: 730 17TH ST STE 500 Fax: _____
 City: DENVER State: CO Zip: 80202 Email: rcarney@bayswater.us

5. API Number 05-123-47089-00 6. County: WELD
 7. Well Name: KTC Farms Well Number: C-35-36HN
 8. Location: QtrQtr: NWNW Section: 35 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: 07/10/2019 End Date: 08/01/2019 Date of First Production this formation: 09/30/2019
 Perforations Top: 7674 Bottom: 17341 No. Holes: 2050 Hole size: 33/100

Provide a brief summary of the formation treatment: Open Hole:
 Frac Summary: 53 Stages, 12,268,400 total lbs sand & 391,791 bbls fluid. Ave Rate 78.8 bpm, Ave PSI 6702, Max PSI 9123

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 391791 Max pressure during treatment (psi): 9123
 Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.33
 Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.99
 Total acid used in treatment (bbl): 65 Number of staged intervals: 53
 Recycled water used in treatment (bbl): 31338 Flowback volume recovered (bbl): 21982
 Fresh water used in treatment (bbl): 360388 Disposition method for flowback: DISPOSAL
 Total proppant used (lbs): 12268400 Rule 805 green completion techniques were utilized:
 Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 09/30/2019 Hours: 24 Bbl oil: 259 Mcf Gas: 330 Bbl H2O: 807
 Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: 1277
 Test Method: FLOWING Casing PSI: 1041 Tubing PSI: _____ Choke Size: 18/64
 Gas Disposition: SOLD Gas Type: SHALE Btu Gas: 1340 API Gravity Oil: 44
 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:

NEW FOOTAGES FOR THE TPZ & BHL BASED UPON TOP AND BOTTOM PERFS:

Top Perf: 498.29'FNL / 512.46'FWL, Sec: 35 Twp: 7N Rng: 66W;

Bottom Perf: 481.99'FNL / 598.94'FEL, Sec: 36 Twp: 7N Rng: 66W.

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: Completions Manager

Date: _____

Email rcarney@bayswater.us

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Attachment Check List

Att Doc Num

Name

402243914

OPERATIONS SUMMARY

402248801

WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

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| Stamp Upon Approval |
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Total: 0 comment(s)