

FORM  
5A

Rev  
09/20

State of Colorado

Energy & Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:  
403470599

Date Received:  
09/01/2023

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: <u>10261</u>	4. Contact Name: <u>Robert Carney</u>
2. Name of Operator: <u>BAYSWATER EXPLORATION &amp; PRODUCTION LLC</u>	Phone: <u>(303) 8932503</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>05-123-51758-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Ruby West</u>	Well Number: <u>3</u>
8. Location: QtrQtr: <u>NESW</u> Section: <u>7</u> Township: <u>7N</u> Range: <u>65W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

## Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 12/07/2022 End Date: 01/01/2023 Date this Formation was Completed: 05/29/2023

Perforations Top: 8442 Bottom: 18059 No. Holes: 1269 Hole size: 0.433 Open Hole:

Describe the Formation Treatment, including the following: type of fluid used (gel, slickwater, etc.), type and concentration of acid used (HCl, HF, etc.), types and amounts of proppant(s) used, depth details of multiple zones, and method used to determine flowback volume.

556741 bbls total slickwater; 17861541 # sand total( 200/mesh 1361788 100/mesh 669640 40/70 15830113 30/50); 8236 gals 15% HCL.  
Method used to determine flowback volume: individual separator meters.

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 556741 Max pressure during treatment (psi): 10068

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): 1.02

Total acid used in treatment (bbl): 196 Number of staged intervals: 47

Recycled or Reused Fluids used in treatment (bbl): \_\_\_\_\_ Flowback volume recovered (bbl): 2084

Fresh water used in treatment (bbl): 556545 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 17861541

**Fracture stimulations must be reported on FracFocus.org**

### Test Information:

05/29/2023 Hours: 24 Bbl oil: 5 Mcf Gas: 27 Bbl H2O: 1375

Calculated 24 hour rate: Bbl oil: 5 Mcf Gas: 27 Bbl H2O: 1375 GOR: 5400

Test Method: Flowing Casing PSI: 0 Tubing PSI: 1793 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1384 API Gravity Oil: 42

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7810 Tbg setting date: 05/15/2023 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:

TPZ - 976 FNL, 483 FEL Sec 12

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: 9/1/2023 Email: RCarney@bayswater.us

## Attachment List

Att Doc Num	Name
403470599	FORM 5A SUBMITTED
403518687	OPERATIONS SUMMARY

Total Attach: 2 Files

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	Operator provided info. Corrected formation status. Pass.	03/26/2024
Permit	Missing fluid type, acid concentration, method used to determine flowback volume.	02/28/2024

Total: 2 comment(s)