

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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| DE | ET | OE | ES |
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Document Number:

403470623

Date Received:

09/05/2023

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.

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|--|---------------------------------------|
| 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>(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> |

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|---|------------------------|
| 5. API Number <u>05-123-51751-00</u> | 6. County: <u>WELD</u> |
| 7. Well Name: <u>Ruby West</u> | Well Number: <u>10</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: CODELL Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 01/03/2023 End Date: 01/23/2023 Date this Formation was Completed: 05/31/2023

Perforations Top: 8551 Bottom: 17968 No. Holes: 1242 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.

536723 bbls total slickwater; 17141310 # sand total(200/mesh 1958545 100/mesh 40/70 15182765 30/50); 999 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): 536723 Max pressure during treatment (psi): 9144

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): 1.00

Total acid used in treatment (bbl): 24 Number of staged intervals: 24

Recycled or Reused Fluids used in treatment (bbl): _____ Flowback volume recovered (bbl): 1088

Fresh water used in treatment (bbl): 536700 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 17141310

Fracture stimulations must be reported on FracFocus.org

Test Information:

05/31/2023 Hours: 24 Bbl oil: 140 Mcf Gas: 18 Bbl H2O: 1088
Date: 05/31/2023 Calculated 24 hour rate: Bbl oil: 140 Mcf Gas: 18 Bbl H2O: 1088 GOR: 129
Test Method: Flowing Casing PSI: 0 Tubing PSI: 2215 Choke Size: 14/64
Gas Disposition: SOLD Gas Type: SHALE Btu Gas: 1384 API Gravity Oil: 42
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8036 Tbg setting date: 05/22/2023 Packer Depth: 8036

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: 1248 FSL, 666 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: 9/5/2023 Email: RCarney@bayswater.us

Attachment List

| Att Doc Num | Name |
|-------------|--------------------|
| 403470623 | FORM 5A SUBMITTED |
| 403519801 | OPERATIONS SUMMARY |

Total Attach: 2 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|--|---------------------|
| Permit | Operator provided info. Corrected formation status. Corrected fluid levels per operator. Pass. | 03/26/2024 |
| Permit | Incorrect Formation. Corrected. Fluid levels incorrect - don't add up. Missing fluid type, acid concentration, method used to determine flowback volume. | 02/29/2024 |

Total: 2 comment(s)