

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:
403381468

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 & 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>05-123-51737-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Ruby East</u>	Well Number: <u>1</u>
8. Location: QtrQtr: <u>SENW</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: 02/05/2023 End Date: 03/01/2023 Date this Formation was Completed: 05/28/2023

Perforations Top: 8751 Bottom: 18167 No. Holes: 1296 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.

556615 bbls total slickwater; 18260171 # sand total(200/mesh 2036610 100/mesh 40/70 16223561 30/50); 4990 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): 556615 Max pressure during treatment (psi): 9227

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): 0.97

Total acid used in treatment (bbl): 119 Number of staged intervals: 48

Recycled or Reused Fluids used in treatment (bbl): _____ Flowback volume recovered (bbl): 3974

Fresh water used in treatment (bbl): 556497 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 18260171

Fracture stimulations must be reported on FracFocus.org

Test Information:

05/28/2023 Hours: 24 Bbl oil: 7 Mcf Gas: 20 Bbl H2O: 1309

Calculated 24 hour rate: Bbl oil: 7 Mcf Gas: 20 Bbl H2O: 1309 GOR: 2857

Test Method: Flowing Casing PSI: 0 Tubing PSI: 1798 Choke Size: 14/64

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

Tubing Size: 2.375 Tubing Setting Depth: 8271 Tbg setting date: 03/30/2023 Packer Depth: 8271

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: 67 FNL, 671 FWL Sec 07

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
403381468	FORM 5A SUBMITTED
403518265	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. Pass.	03/26/2024
Permit	Missing fluid type, acid concentration, method used to determine flowback volume.	02/29/2024

Total: 2 comment(s)