

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



DE	ET	OE	ES
----	----	----	----

Document Number:

403392678

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.

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>05-123-51546-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Topaz West</u>	Well Number: <u>1</u>
8. Location: QtrQtr: <u>Lot 6</u> Section: <u>6</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: ACTIVE Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 03/06/2023 End Date: 03/22/2023 Date this Formation was Completed: 05/21/2023

Perforations Top: 8489 Bottom: 17926 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.

511272 bbls total; 17391775 # sand total(200/mesh 2058843 100/mesh 40/70 15332932 30/50); 7980 gals HCL

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 511272 Max pressure during treatment (psi): 9844

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): 0.89

Total acid used in treatment (bbl): 190 Number of staged intervals: 46

Recycled or Reused Fluids used in treatment (bbl): _____ Flowback volume recovered (bbl): 21390

Fresh water used in treatment (bbl): 511082 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 17391775

Fracture stimulations must be reported on FracFocus.org

Test Information:

05/21/2023 Hours: 24 Bbl oil: 23 Mcf Gas: 43 Bbl H2O: 1150
Date Calculated 24 hour rate: Bbl oil: 23 Mcf Gas: 43 Bbl H2O: 1150 GOR: 1870
Test Method: Flowing Casing PSI: 0 Tubing PSI: 1342 Choke Size: 14/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1397 API Gravity Oil: 42
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8084 Tbg setting date: 04/22/2023 Packer Depth: 8084

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: 609 FNL, 551 FEL Sec 01

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
403392678	FORM 5A SUBMITTED
403520413	OPERATIONS SUMMARY

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Operator provided info. Corrected section per operator. Operator submitted Frac Focus. Pass.	03/26/2024
Permit	TPZ mentioned would be in Sec. 1. Missing fluid type, acid concentration, method used to determine flowback volume. No frac focus.	02/21/2024

Total: 2 comment(s)