

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:

403253329

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

2. Name of Operator: BAYSWATER EXPLORATION & PRODUCTION LLC

3. Address: 730 17TH ST STE 500

City: DENVER State: CO Zip: 80202

4. Contact Name: Robert Carney

Phone: (720) 881-4509

Fax:

Email: RCarney@bayswater.us

5. API Number 05-123-51625-00

7. Well Name: Blehm

6. County: WELD

Well Number: 5

8. Location: QtrQtr: Lot 3 Section: 18 Township: 7N Range: 66W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

## Completed Interval

FORMATION: CARLILE Status: COMMINGLED Treatment Type: \_\_\_\_\_  
Treatment Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Date this Formation was Completed: \_\_\_\_\_  
Perforations Top: 13225 Bottom: 17795 No. Holes: 1122 Hole size: \_\_\_\_\_ 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.

Carlile perforated from 13,225'- 13,328'; 13,734'- 14,676'; 15,427'- 15,604'; and 17,713'- 17,795'.

This formation is commingled with another formation: ☒ Yes ☐ No  
Total fluid used in treatment (bbl): \_\_\_\_\_ Max pressure during treatment (psi): \_\_\_\_\_  
Total gas used in treatment (mcf): \_\_\_\_\_ Fluid density at initial fracture (lbs/gal): \_\_\_\_\_  
Type of gas used in treatment: \_\_\_\_\_ Min frac gradient (psi/ft): \_\_\_\_\_  
Total acid used in treatment (bbl): \_\_\_\_\_ Number of staged intervals: \_\_\_\_\_  
Recycled or Reused Fluids used in treatment (bbl): \_\_\_\_\_ Flowback volume recovered (bbl): \_\_\_\_\_  
Fresh water used in treatment (bbl): \_\_\_\_\_ Disposition method for flowback: \_\_\_\_\_  
Total proppant used (lbs): \_\_\_\_\_

**Fracture stimulations must be reported on [FracFocus.org](https://www.fracfocus.org)**

### Test Information:

Hours: \_\_\_\_\_ Bbl oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbl H2O: \_\_\_\_\_  
Date: \_\_\_\_\_ Calculated 24 hour rate: Bbl oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbl H2O: \_\_\_\_\_ GOR: \_\_\_\_\_  
Test Method: \_\_\_\_\_ Casing PSI: \_\_\_\_\_ Tubing PSI: \_\_\_\_\_ Choke Size: \_\_\_\_\_  
Gas Disposition: \_\_\_\_\_ Gas Type: \_\_\_\_\_ Btu Gas: \_\_\_\_\_ API Gravity Oil: \_\_\_\_\_  
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.

FORMATION: CODELL Status: COMMINGLED Treatment Type: \_\_\_\_\_  
Treatment Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Date this Formation was Completed: \_\_\_\_\_  
Perforations Top: 8053 Bottom: 17713 No. Holes: 1122 Hole size: \_\_\_\_\_ 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.

Codell was perforated from 8,053'- 13,225'; 13,508'- 13,734'; 14,676'-15,287'; and 15,604'- 17,713'.

This formation is commingled with another formation: ☒ Yes ☐ No  
Total fluid used in treatment (bbl): \_\_\_\_\_ Max pressure during treatment (psi): \_\_\_\_\_  
Total gas used in treatment (mcf): \_\_\_\_\_ Fluid density at initial fracture (lbs/gal): \_\_\_\_\_  
Type of gas used in treatment: \_\_\_\_\_ Min frac gradient (psi/ft): \_\_\_\_\_  
Total acid used in treatment (bbl): \_\_\_\_\_ Number of staged intervals: \_\_\_\_\_  
Recycled or Reused Fluids used in treatment (bbl): \_\_\_\_\_ Flowback volume recovered (bbl): \_\_\_\_\_  
Fresh water used in treatment (bbl): \_\_\_\_\_ Disposition method for flowback: \_\_\_\_\_  
Total proppant used (lbs): \_\_\_\_\_

Fracture stimulations must be reported on FracFocus.org

**Test Information:**

Hours: \_\_\_\_\_ Bbl oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbl H2O: \_\_\_\_\_  
Date: \_\_\_\_\_ Calculated 24 hour rate: Bbl oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbl H2O: \_\_\_\_\_ GOR: \_\_\_\_\_  
Test Method: \_\_\_\_\_ Casing PSI: \_\_\_\_\_ Tubing PSI: \_\_\_\_\_ Choke Size: \_\_\_\_\_  
Gas Disposition: \_\_\_\_\_ Gas Type: \_\_\_\_\_ Btu Gas: \_\_\_\_\_ API Gravity Oil: \_\_\_\_\_  
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.

FORMATION: FORT HAYS Status: COMMINGLED Treatment Type: \_\_\_\_\_  
Treatment Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Date this Formation was Completed: \_\_\_\_\_  
Perforations Top: 7899 Bottom: 15427 No. Holes: 1122 Hole size: \_\_\_\_\_ 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.

Ft Hays was perforated from 7,899'- 8,053'; 13,328'- 13,508'; and 15,287'- 15,427'.

This formation is commingled with another formation: ☒ Yes ☐ No  
Total fluid used in treatment (bbl): \_\_\_\_\_ Max pressure during treatment (psi): \_\_\_\_\_  
Total gas used in treatment (mcf): \_\_\_\_\_ Fluid density at initial fracture (lbs/gal): \_\_\_\_\_  
Type of gas used in treatment: \_\_\_\_\_ Min frac gradient (psi/ft): \_\_\_\_\_  
Total acid used in treatment (bbl): \_\_\_\_\_ Number of staged intervals: \_\_\_\_\_  
Recycled or Reused Fluids used in treatment (bbl): \_\_\_\_\_ Flowback volume recovered (bbl): \_\_\_\_\_  
Fresh water used in treatment (bbl): \_\_\_\_\_ Disposition method for flowback: \_\_\_\_\_  
Total proppant used (lbs): \_\_\_\_\_

Fracture stimulations must be reported on FracFocus.org

**Test Information:**

Hours: \_\_\_\_\_ Bbl oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbl H2O: \_\_\_\_\_  
Date: \_\_\_\_\_ Calculated 24 hour rate: Bbl oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbl H2O: \_\_\_\_\_ GOR: \_\_\_\_\_  
Test Method: \_\_\_\_\_ Casing PSI: \_\_\_\_\_ Tubing PSI: \_\_\_\_\_ Choke Size: \_\_\_\_\_  
Gas Disposition: \_\_\_\_\_ Gas Type: \_\_\_\_\_ Btu Gas: \_\_\_\_\_ API Gravity Oil: \_\_\_\_\_  
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.

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: \_\_\_\_\_  
Treatment Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Date this Formation was Completed: \_\_\_\_\_  
Perforations Top: 7613 Bottom: 7899 No. Holes: 1122 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.

Niobrara was perforated from 7,613'- 7,899'.

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): \_\_\_\_\_

Max pressure during treatment (psi): \_\_\_\_\_

Total gas used in treatment (mcf): \_\_\_\_\_

Fluid density at initial fracture (lbs/gal): \_\_\_\_\_

Type of gas used in treatment: \_\_\_\_\_

Min frac gradient (psi/ft): \_\_\_\_\_

Total acid used in treatment (bbl): \_\_\_\_\_

Number of staged intervals: \_\_\_\_\_

Recycled or Reused Fluids used in treatment (bbl): \_\_\_\_\_

Flowback volume recovered (bbl): \_\_\_\_\_

Fresh water used in treatment (bbl): \_\_\_\_\_

Disposition method for flowback: \_\_\_\_\_

Total proppant used (lbs): \_\_\_\_\_

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

**Test Information:**

\_\_\_\_\_ Hours: \_\_\_\_\_ Bbl oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbl H2O: \_\_\_\_\_

**Calculated 24 hour rate:** Bbl oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbl H2O: \_\_\_\_\_ GOR: \_\_\_\_\_

Test Method: \_\_\_\_\_ Casing PSI: \_\_\_\_\_ Tubing PSI: \_\_\_\_\_ Choke Size: \_\_\_\_\_

Gas Disposition: \_\_\_\_\_ Gas Type: \_\_\_\_\_ Btu Gas: \_\_\_\_\_ API Gravity Oil: \_\_\_\_\_

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.

FORMATION: NIOBRARA-FORT HAYS-CODELL-CARLILE		Status: PRODUCING	Treatment Type: HYDRAULIC FRACTURING	
Treatment Date: 06/23/2022	End Date: 07/14/2022	Date this Formation was Completed: 09/21/2022		
Perforations Top: 7613	Bottom: 17787	No. Holes: 1122	Hole size: 0.433	Open Hole: <input type="checkbox"/>

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.

416,013 bbls fluid total; 267 bbls 15% HCL; 402,804 bbls FR water; 12,942 bbls pumpdown. 978,980 lbs 100 Mesh Premium White; 11,463,138 lbs 30/50 Premium White; 1,524,720 lbs 40/70 Premium White; 13,966,838 lbs total proppant used.

This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Total fluid used in treatment (bbl): 416013	Max pressure during treatment (psi): 9109
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): 0.84
Total acid used in treatment (bbl): 267	Number of staged intervals: 51
Recycled or Reused Fluids used in treatment (bbl): 0	Flowback volume recovered (bbl): 1920
Fresh water used in treatment (bbl): 415746	Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 13966838	

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

**Test Information:**

09/21/2022	Hours: 24	Bbl oil: 264	Mcf Gas: 196	Bbl H2O: 1152
Calculated 24 hour rate:	Bbl oil: 264	Mcf Gas: 196	Bbl H2O: 1152	GOR: 742
Test Method: Flowback	Casing PSI: 9500	Tubing PSI: 2659	Choke Size: 14/64	
Gas Disposition: SOLD	Gas Type: WET	Btu Gas: 1401	API Gravity Oil: 41	
Tubing Size: 2.375	Tubing Setting Depth: 7775	Tbg setting date: 09/02/2022	Packer Depth: 7775	

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:

The actual TPZ of this well at 7,613' MD is 1,859' FNL & 108' FEL- Sec 13-T7N-67W.

The actual BPZ of this well at 17,787' MD is 1,948 FNL & 334' FWL- Sec 14-T7N-67W. The wellbore beyond the unit boundary setback is physically isolated with a plug and Bayswater certifies that none of the wellbore beyond the setback was completed.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____	Print Name: Kelsi Welch
Title: Permitting & Compliance	Date: _____ Email Kelsi.welch@iptwell.com

<b>Attachment List</b>	
Att Doc Num	Name
403257399	COMPLETED INTERVAL REPORT

Total Attach: 1 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Received email to send back to DRAFT - Missing production formations in the formations tab due to porpoising in lateral.	04/02/2024

Total: 1 comment(s)