

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:

403801596

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. ECMC 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: 1370 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

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: 1370 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: 1370 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: 7813 Bottom: 7899 No. Holes: 1370 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.

Niobrara was perforated from 7,813'- 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: 7813	Bottom: 17835	No. Holes: 1370	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.

267 bbls 15% HCl; 12,942 bbls Pump Down; 402,804 bbls FR Water. 978,980 lbs 100 Mesh Premium White sand; 11,463,138 lbs 30/50 Premium White sand; 1,524,720 lbs 40/70 Premium White sand. Flowback volume metered.

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: 0	Tubing PSI: 2659	Choke Size: 14/64	
Gas Disposition: SOLD	Gas Type: WET	Btu Gas: 1401	API Gravity Oil: 41	
Tubing Size: 2 + 3/8	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:

After the approval of the original Form 5A (doc #403253329), errors were found in the 3rd party frac summary report. The report has been corrected and this submittal is to report the corrected completion information.

Actual TPZ: 1924' FNL & 286' FEL, Section 13-T7N-R67W
 Actual BPZ: 1948' FNL & 290' FWL, Section 14-T7N-R67W

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

ATTACHMENT LIST	
Att Doc Num	Name
403801639	OPERATIONS SUMMARY

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)