

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:
403801376

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: <u>10261</u>	4. Contact Name: <u>Robert Carney</u>
2. Name of Operator: <u>BAYSWATER EXPLORATION & PRODUCTION LLC</u>	Phone: <u>(720) 881-4509</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>05-123-51618-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Blehm</u>	Well Number: <u>3</u>
8. Location: QtrQtr: <u>Lot 3</u> Section: <u>18</u> Township: <u>7N</u> Range: <u>66W</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: 07/14/2022 End Date: 08/05/2022 Date this Formation was Completed: 10/06/2022

Perforations Top: 7808 Bottom: 17830 No. Holes: 1370 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.

98 bbls 15% HCl; 12,575 bbls Pump Down; 550,483 bbls FR Water. 1,961,265 lbs 100 Mesh Premium White sand; 17,067,677 lbs 30/50 Premium White sand. Flowback volume metered.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 563156 Max pressure during treatment (psi): 9125

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): 1.03

Total acid used in treatment (bbl): 98 Number of staged intervals: 51

Recycled or Reused Fluids used in treatment (bbl): 0 Flowback volume recovered (bbl): 22833

Fresh water used in treatment (bbl): 563059 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 19028942

Fracture stimulations must be reported on FracFocus.org

Test Information:

<u>10/06/2022</u>	Hours: <u>24</u>	Bbl oil: <u>29</u>	Mcf Gas: <u>125</u>	Bbl H2O: <u>1257</u>
Calculated 24 hour rate:	Bbl oil: <u>29</u>	Mcf Gas: <u>125</u>	Bbl H2O: <u>1257</u>	GOR: <u>4310</u>
Test Method: <u>Flowback</u>	Casing PSI: <u>0</u>	Tubing PSI: <u>1866</u>	Choke Size: <u>14/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	Btu Gas: <u>1404</u>	API Gravity Oil: <u>41</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7033</u>	Tbg setting date: <u>09/07/2022</u>	Packer Depth: <u>7033</u>	

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 #403252183), 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: 1050' FNL & 269' FEL, Section 13-T7N-R67W
Actual BPZ: 1,078' FNL & 284' 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: Regulatory & Compliance Date: _____ Email: kelsi.welch@iptwell.com

ATTACHMENT LIST

Att Doc Num	Name
403801439	OPERATIONS SUMMARY

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)