

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:

403907883

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 &amp; 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>05-123-47456-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Flaherty</u>	Well Number: <u>13-13-2</u>
8. Location: QtrQtr: <u>SESW</u> Section: <u>18</u> Township: <u>4N</u> Range: <u>62W</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: 04/29/2024 End Date: 05/06/2024 Date this Formation was Completed: 08/30/2024

Perforations Top: 6967 Bottom: 11327 No. Holes: 594 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.

230955 bbls total; 7315057 # sand total(72140 200/mesh 727908 100/mesh 40/70 6515009 30/50); 25914 gals HCL

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 230956 Max pressure during treatment (psi): 8319

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): 1.10

Total acid used in treatment (bbl): 617 Number of staged intervals: 22

Recycled or Reused Fluids used in treatment (bbl): \_\_\_\_\_ Flowback volume recovered (bbl): 602

Fresh water used in treatment (bbl): 230339 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 7315057

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

### Test Information:

08/30/2024 Hours: 24 Bbl oil: 245 Mcf Gas: 183 Bbl H2O: 461

Calculated 24 hour rate: Bbl oil: 245 Mcf Gas: 183 Bbl H2O: 461 GOR: 747

Test Method: Flowing Casing PSI: 0 Tubing PSI: 1058 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: SHALE Btu Gas: 1405 API Gravity Oil: 41

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6605 Tbg setting date: 08/26/2024 Packer Depth: 6613

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:

Heel Hardline @ 6,932' MD, 762' FSL & 460' FEL: TPZ @ 6,967, 762' FSL & 495' FEL

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: \_\_\_\_\_ Email: rcarney@bayswater.us

### ATTACHMENT LIST

Att Doc Num	Name
403947611	OPERATIONS SUMMARY

Total Attach: 1 Files

### General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)