

**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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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 05-123-47462-00  
6. County: WELD  
7. Well Name: Flaherty  
Well Number: 13-14-3  
8. Location: QtrQtr: SESW Section: 18 Township: 4N Range: 62W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

## 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: 08/31/2024

Perforations Top: 7062 Bottom: 11422 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.

222887 bbls total; 6708040 # sand total(64180 200/mesh 720224 100/mesh 40/70 5923636 30/50); 42336 gals HCL

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 222888 Max pressure during treatment (psi): 8916

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): 1008 Number of staged intervals: 22

Recycled or Reused Fluids used in treatment (bbl): \_\_\_\_\_ Flowback volume recovered (bbl): 1357

Fresh water used in treatment (bbl): 221880 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 6708040

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

### Test Information:

08/31/2024 Hours: 24 Bbl oil: 189 Mcf Gas: 150 Bbl H2O: 512

Calculated 24 hour rate: Bbl oil: 189 Mcf Gas: 150 Bbl H2O: 512 GOR: 794

Test Method: Flowing Casing PSI: \_\_\_\_\_ Tubing PSI: 1017 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: 6635 Tbg setting date: 08/28/2024 Packer Depth: 6644

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 @ 7,028' MD, 516' FSL & 460' FEL: TPZ @ 7,062', 516' FSL & 494' 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
403947625	OPERATIONS SUMMARY

Total Attach: 1 Files

### General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)