

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:  
403907940

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>05-123-47447-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Flaherty</u>	Well Number: <u>13-3-4</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: CODELL Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 04/08/2024 End Date: 04/19/2024 Date this Formation was Completed: 08/16/2024

Perforations Top: 7696 Bottom: 12034 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.

206568 bbls total; 6964585 # sand total(62990 200/mesh 696403 100/mesh 40/70 6205192 30/50); 23982 gals HCL

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 206568 Max pressure during treatment (psi): 8129

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): 571 Number of staged intervals: 22

Recycled or Reused Fluids used in treatment (bbl): \_\_\_\_\_ Flowback volume recovered (bbl): 1669

Fresh water used in treatment (bbl): 205997 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 6964585

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

### Test Information:

08/16/2024 Hours: 24 Bbl oil: 106 Mcf Gas: 85 Bbl H2O: 307  
Date Calculated 24 hour rate: Bbl oil: 106 Mcf Gas: 85 Bbl H2O: 307 GOR: 802  
Test Method: Flowing Casing PSI: \_\_\_\_\_ Tubing PSI: 647 Choke Size: 14/64  
Gas Disposition: SOLD Gas Type: SHALE Btu Gas: 104 API Gravity Oil: 41  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7321 Tbg setting date: 08/09/2024 Packer Depth: 7330

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 @ 7,659' MD, 2136' FNL & 460' FEL: TPZ @ 7,696' MD, 2,136' FNL & 497' 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
403947551	OPERATIONS SUMMARY

Total Attach: 1 Files

### General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)