

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:
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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: <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>05-123-47449-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Flaherty</u>	Well Number: <u>13-5-3</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: 04/08/2024 End Date: 04/19/2024 Date this Formation was Completed: 08/14/2024

Perforations Top: 8141 Bottom: 12141 No. Holes: 567 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.

202465 bbls total; 5954550 # sand total(56990 200/mesh 650743 100/mesh 40/70 5246817 30/50); 29652 gals HCL

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 202466 Max pressure during treatment (psi): 8774

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): 706 Number of staged intervals: 21

Recycled or Reused Fluids used in treatment (bbl): _____ Flowback volume recovered (bbl): 385

Fresh water used in treatment (bbl): 201760 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 5954550

Fracture stimulations must be reported on FracFocus.org

Test Information:

08/14/2024 Hours: 24 Bbl oil: 144 Mcf Gas: 106 Bbl H2O: 244
Date Calculated 24 hour rate: Bbl oil: 144 Mcf Gas: 106 Bbl H2O: 244 GOR: 736
Test Method: Flowing Casing PSI: _____ Tubing PSI: 534 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: 7321 Tbg setting date: 08/05/2024 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 @ 7,794' MD, 1,642' FNL & 460' FEL: TPZ @ 8,141' MD, 1,642' FNL & 807' 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
403947571	OPERATIONS SUMMARY

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)