

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:
403914345

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>05-123-47439-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Flaherty</u>	Well Number: <u>13-8-3</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: 04/19/2024 End Date: 04/28/2024 Date this Formation was Completed: 08/23/2024

Perforations Top: 7431 Bottom: 11791 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.

209574 bbls total; 6749832 # sand total(0 200/mesh 703448 100/mesh 40/70 6046384 30/50); 33936 gals HCL

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 209575 Max pressure during treatment (psi): 9138

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): 808 Number of staged intervals: 22

Recycled or Reused Fluids used in treatment (bbl): _____ Flowback volume recovered (bbl): 467

Fresh water used in treatment (bbl): 208767 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 6749832

Fracture stimulations must be reported on FracFocus.org

Test Information:

08/23/2024 Hours: 24 Bbl oil: 191 Mcf Gas: 143 Bbl H2O: 275

Calculated 24 hour rate: Bbl oil: 191 Mcf Gas: 143 Bbl H2O: 275 GOR: 749

Test Method: Flowing Casing PSI: _____ Tubing PSI: 730 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: 7000 Tbg setting date: 08/14/2024 Packer Depth: 7008

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 @ 7,409' MD, 2,574' FNL, 460' FEL: TPZ @7,431' MD, 2,574' FNL & 482' 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
403947595	OPERATIONS SUMMARY

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)