

FORM  
5A

Rev  
06/12

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400314692

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. OGCC Operator Number: 10261  
2. Name of Operator: BAYSWATER EXPLORATION AND PRODUCTION  
3. Address: 730 17TH ST STE 610  
City: DENVER State: CO Zip: 80202  
4. Contact Name: JONATHAN RUNGE  
Phone: (970) 669-7411  
Fax: (970) 669-4077

5. API Number 05-123-34775-00  
6. County: WELD  
7. Well Name: Schlotthauer  
Well Number: 3-26  
8. Location: QtrQtr: SWSW Section: 23 Township: 7N Range: 67W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 04/17/2012 End Date: 04/18/2012 Date of First Production this formation:

Perforations Top: 7432 Bottom: 7450 No. Holes: 72 Hole size: 042/100

Provide a brief summary of the formation treatment: Open Hole: ☐

58548 gals FR Water, 207270 gals SLF, 181140 lbs 30/50 White

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 6329 Max pressure during treatment (psi): 5139

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 0.25

Type of gas used in treatment: Min frac gradient (psi/ft): 0.95

Total acid used in treatment (bbl): 11 Number of staged intervals: 1

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 6433

Fresh water used in treatment (bbl): 1394 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 181140 Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: PIPELINE

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:

Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

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.



FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: \_\_\_\_\_

Treatment Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Date of First Production this formation: 06/13/2012

Perforations Top: 7122 Bottom: 7450 No. Holes: 256 Hole size: 042/100

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): \_\_\_\_\_ Max pressure during treatment (psi): \_\_\_\_\_

Total gas used in treatment (mcf): \_\_\_\_\_ Fluid density at initial fracture (lbs/gal): \_\_\_\_\_

Type of gas used in treatment: \_\_\_\_\_ Min frac gradient (psi/ft): \_\_\_\_\_

Total acid used in treatment (bbl): \_\_\_\_\_ Number of staged intervals: \_\_\_\_\_

Recycled water used in treatment (bbl): \_\_\_\_\_ Flowback volume recovered (bbl): \_\_\_\_\_

Fresh water used in treatment (bbl): \_\_\_\_\_ Disposition method for flowback: \_\_\_\_\_

Total proppant used (lbs): \_\_\_\_\_ Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: \_\_\_\_\_

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

**Test Information:**

Date: 06/18/2012 Hours: 12 Bbl oil: 106 Mcf Gas: 60 Bbl H2O: 13

Calculated 24 hour rate: Bbl oil: 212 Mcf Gas: 120 Bbl H2O: 26 GOR: 566

Test Method: FLOWING Casing PSI: 1200 Tubing PSI: \_\_\_\_\_ Choke Size: 012/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1226 API Gravity Oil: 40

Tubing Size: \_\_\_\_\_ Tubing Setting Depth: \_\_\_\_\_ Tbg setting date: \_\_\_\_\_ Packer Depth: \_\_\_\_\_

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.



FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 04/18/2012 End Date: 04/18/2012 Date of First Production this formation:

Perforations Top: 7122 Bottom: 7340 No. Holes: 184 Hole size: 042/100

Provide a brief summary of the formation treatment: Open Hole: ☐

NBRR A- 30000 gals FR Water, 143640 gals SLF, 117,075 lbs 30/50 White  
NBRR B&C- 58548 gals FR Water, 207270 gals SLF, 181140 lbs 30/50 White

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 10266 Max pressure during treatment (psi): 5223  
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 0.25  
Type of gas used in treatment: Min frac gradient (psi/ft): 0.99  
Total acid used in treatment (bbl): 11 Number of staged intervals: 2  
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 10580  
Fresh water used in treatment (bbl): 65446 Disposition method for flowback: DISPOSAL  
Total proppant used (lbs): 235287 Rule 805 green completion techniques were utilized: ☐  
Reason why green completion not utilized: PIPELINE

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

**Test Information:**

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:  
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:  
Test Method: Casing PSI: Tubing PSI: Choke Size:  
Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:  
Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

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:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: Print Name: Jonathan Runge  
Title: Consultant Date: Email jrunge@petersonenergy.com

**Attachment Check List**

Att Doc Num	Name
400314752	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)