

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:

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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. 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: (303) 216-0703  
Fax: (303) 216-2139

5. API Number 05-123-35728-00  
6. County: WELD  
7. Well Name: BALDRIDGE  
Well Number: 1-1  
8. Location: QtrQtr: SWSE Section: 36 Township: 7N Range: 67W Meridian: 6  
9. Field Name: EATON Field Code: 19350

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/20/2012 End Date: 11/20/2012 Date of First Production this formation: 12/27/2012

Perforations Top: 7595 Bottom: 7611 No. Holes: 64 Hole size: 038/100

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

Frac Codell on 11/20/12 with 172,788 gals and 186,210 # 30/50 white

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

Total fluid used in treatment (bbl): 6551 Max pressure during treatment (psi): 5497

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): 0.92

Total acid used in treatment (bbl): 0 Number of staged intervals: 1

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

Fresh water used in treatment (bbl): 4065 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 186210 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: 12/27/2012

Perforations Top: 7262 Bottom: 7611 No. Holes: 272 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: 01/09/2013 Hours: 24 Bbl oil: 132 Mcf Gas: 142 Bbl H2O: 19

Calculated 24 hour rate: Bbl oil: 132 Mcf Gas: 142 Bbl H2O: 19 GOR: 1076

Test Method: FLOWING Casing PSI: 1060 Tubing PSI: \_\_\_\_\_ Choke Size: 014/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1283 API Gravity Oil: 44

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: 01/20/2013 End Date: 01/20/2013 Date of First Production this formation: 12/27/2012  
Perforations Top: 7262 Bottom: 7470 No. Holes: 208 Hole size: 042/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

NBRR A: Frac on 11/20/12 with 107,100 gals and 100,080 # 30/50 White, 1000 gal 15% HCL  
NBRR B: Frac on 11/20/12 with 188,664 gals and 179,032# 30/50 White, 1000 gal 15% HCL

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

Total fluid used in treatment (bbl): 10832

Max pressure during treatment (psi): 5588

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): 0.96

Total acid used in treatment (bbl): 47

Number of staged intervals: 2

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): 6959

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 279112

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@iptengineers.com

#### Attachment Check List

Att Doc Num	Name
400384784	WELLBORE DIAGRAM

Total Attach: 1 Files

#### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)