

FORM
5ARev
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



DE	ET	OE	ES
----	----	----	----

Document Number:

400534052

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 4. Contact Name: JONATHAN RUNGE
 2. Name of Operator: BAYSWATER EXPLORATION AND PRODUCTION Phone: (720) 420-5700
 3. Address: 730 17TH ST STE 610 Fax: (720) 420-5800
 City: DENVER State: CO Zip: 80202 Email: jrunge@iptengineers.com

5. API Number 05-123-34146-00 6. County: WELD
 7. Well Name: Larson Farms Well Number: 6-24
 8. Location: QtrQtr: NESW Section: 24 Township: 6N Range: 64W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 04/10/2012 End Date: 04/10/2012 Date of First Production this formation: _____

Perforations Top: 7400 Bottom: 7412 No. Holes: 48 Hole size: 041/100

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

Frac Codell w/ 669 bbls Linear/Crosslink Pad, 2394 bbls Crosslink slurry (prop concentrations from 1.0-4.0 ppg 20/40 White) & 122 bbls Flush (88.2 bbls Treated water & 23.8 bbls 15% HCl)

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

Total fluid used in treatment (bbl): 3184 Max pressure during treatment (psi): 4100

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.85

Total acid used in treatment (bbl): 23 Number of staged intervals: 1

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 636

Fresh water used in treatment (bbl): 3124 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 270680 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: 04/12/2012

Perforations Top: 7110 Bottom: 7412 No. Holes: 144 Hole size: 041/100

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: 04/14/2012 Hours: 24 Bbl oil: 100 Mcf Gas: 168 Bbl H2O: 132

Calculated 24 hour rate: Bbl oil: 100 Mcf Gas: 168 Bbl H2O: 132 GOR: 1680

Test Method: FLOWING Casing PSI: 540 Tubing PSI: _____ Choke Size: 014/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1225 API Gravity Oil: 47

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: 04/10/2012 End Date: 04/10/2012 Date of First Production this formation:
Perforations Top: 7110 Bottom: 7234 No. Holes: 96 Hole size: 041/100

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

Frac Nio A & Nio B w/ 1506 bbls Slickwater Pad, 187 bbls Crosslink Pad, 2339 bbls Crosslink slurry (prop concentrations from 1.0-4.0 ppg 30/50 White) & 112 bbls Treated Water Flush

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

Total fluid used in treatment (bbl): 4144

Max pressure during treatment (psi): 5295

Total gas used in treatment (mcf): 0

Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment:

Min frac gradient (psi/ft): 0.90

Total acid used in treatment (bbl): 0

Number of staged intervals: 1

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): 820

Fresh water used in treatment (bbl): 4106

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 250220

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:

This well was drilled & completed by the original operator, St James Energy. The current operator, Bayswater, purchased this well after it had been drilled & completed. No Form 5A was submitted by St James.

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

400534162 WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group Comment Comment Date

User Group	Comment	Comment Date

Total: 0 comment(s)