

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



DE ET OE ES

Document Number:

400534168

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: (720) 420-5700
Fax: (720) 420-5800
Email: jrunge@iptengineers.com

5. API Number 05-123-34149-00
6. County: WELD
7. Well Name: Larson Farms
Well Number: 7-24
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: 03/24/2012 End Date: 03/24/2012 Date of First Production this formation:

Perforations Top: 7184 Bottom: 7196 No. Holes: 48 Hole size: 041/100

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

Frac Codell w/ 658 bbls Crosslink Pad, 2333.5 bbls Crosslink slurry (prop concentrations from 1.0-4.0 ppg 20/40 White) & 130.5 bbls Flush (23.8 bbls 15% HCl & 106.7 bbls Treated Water)

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

Total fluid used in treatment (bbl): 3122 Max pressure during treatment (psi): 3907

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): 845

Fresh water used in treatment (bbl): 2274 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 271460 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: 03/24/2012	
Perforations	Top: 6905	Bottom: 7196	No. Holes: 144	Hole size: 041/100	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
This formation is commingled with another formation:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/>		
Reason why green completion not utilized: _____					
Fracture stimulations must be reported on FracFocus.org					
<u>Test Information:</u>					
Date: 03/28/2012	Hours: 24	Bbl oil: 123	Mcf Gas: 258	Bbl H2O: 92	
Calculated 24 hour rate:	Bbl oil: 126	Mcf Gas: 264	Bbl H2O: 94	GOR: 2098	
Test Method: FLOWING	Casing PSI: 670	Tubing PSI: _____	Choke Size: 014/64		
Gas Disposition: SOLD	Gas Type: WET	Btu Gas: 1469	API Gravity Oil: 47		
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____		
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: 03/24/2012 End Date: 03/24/2012 Date of First Production this formation:
Perforations Top: 6905 Bottom: 7022 No. Holes: 96 Hole size: 041/100
Provide a brief summary of the formation treatment: Open Hole: ☐

Frac Nio A & Nio B w/ 1500 bbls Slickwater Pad, 199.4 bbls Crosslink Pad, 2339.3 bbls Crosslink slurry (prop concentrations from 1.0-4.0 ppg 30/50 White) & 106.9 bbls Flush

This formation is commingled with another formation: ☒ Yes ☐ No
Total fluid used in treatment (bbl): 4145 Max pressure during treatment (psi): 5123
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): 1231
Fresh water used in treatment (bbl): 4107 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 251260 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

400534196 WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group Comment Comment Date

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Total: 0 comment(s)