

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:

400548510

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 05-123-29188-00	6. County: WELD
7. Well Name: Dyer	Well Number: 1-2
8. Location: QtrQtr: NWNW Section: 2 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: 11/21/2013 End Date: 11/21/2013 Date of First Production this formation:

Perforations Top: 7180 Bottom: 7190 No. Holes: 40 Hole size: 042/100

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

Frac Codell w/ 238 bbls FR Pad, 2416 bbls Crosslink slurry (prop concentrations from 1.0-4.0 ppg 20/40 White) & 113 bbls Flush

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

Total fluid used in treatment (bbl): 2767 Max pressure during treatment (psi): 4873

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): 0 Number of staged intervals: 1

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

Fresh water used in treatment (bbl): 2728 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 245514 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

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: 11/24/2013

Perforations Top: 7010 Bottom: 7190 No. Holes: 120 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: 11/26/2013 Hours: 24 Bbl oil: 61 Mcf Gas: 42 Bbl H2O: 117

Calculated 24 hour rate: Bbl oil: 61 Mcf Gas: 42 Bbl H2O: 117 GOR: 688

Test Method: FLOWING Casing PSI: 420 Tubing PSI: _____ Choke Size: 012/64

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: 11/21/2013 End Date: 11/21/2013 Date of First Production this formation:

Perforations Top: 7010 Bottom: 7030 No. Holes: 80 Hole size: 042/100

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

Frac Nio B w/ 595 bbls FR Pad, 2979 bbls Crosslink slurry (prop concentrations from 1.0-4.0 ppg 20/40 White) & 118 bbls Flush

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

Total fluid used in treatment (bbl): 3692 Max pressure during treatment (psi): 5614

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): 23 Number of staged intervals: 1

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

Fresh water used in treatment (bbl): 3583 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 233301 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

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

400548578 WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)