

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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10/20/2013

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
Email: jrunge@iptengineers.com

5. API Number 05-123-35954-00
6. County: WELD
7. Well Name: BOOTH
Well Number: 29-23
8. Location: QtrQtr: NENW Section: 23 Township: 7N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: TEMPORARILY ABANDONED Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/09/2012 End Date: 12/22/2012 Date of First Production this formation:

Perforations Top: 7339 Bottom: 7351 No. Holes: 48 Hole size: 042/100

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

264,594 gals, plus 4662 gal preflush, 180,200 lbs 30/50 White

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

Total fluid used in treatment (bbl): 6411 Max pressure during treatment (psi): 5856

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): 0.87

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

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 5129

Fresh water used in treatment (bbl): 6300 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 180200 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: Testing

Date formation Abandoned: Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt

** Bridge Plug Depth: 7230 ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/21/2012 End Date: 12/11/2012 Date of First Production this formation: 03/09/2013

Perforations Top: 7562 Bottom: 7573 No. Holes: 80 Hole size: 040/100

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

334,624 gals, plus 4662 gal preflush, 226,240 lbs 30/50 White

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

Total fluid used in treatment (bbl): 8078 Max pressure during treatment (psi): 5839

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): 0.91

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

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 6462

Fresh water used in treatment (bbl): 7967 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 226240 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: 03/21/2013 Hours: 24 Bbl oil: 71 Mcf Gas: 59 Bbl H2O: 18

Calculated 24 hour rate: Bbl oil: 71 Mcf Gas: 59 Bbl H2O: 18 GOR: 831

Test Method: FLOWING Casing PSI: 910 Tubing PSI: _____ Choke Size: 012/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1141 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.

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: 10/20/2013 Email: jrunge@iptengineers.com

Attachment Check List

Att Doc Num	Name
2114522	WIRELINE JOB SUMMARY
400429664	FORM 5A SUBMITTED
400429763	WELLBORE DIAGRAM

Total Attach: 3 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Wireline Summary submitted. No cement on top of plug per operator. Added plug depth. Ready to pass.	2/28/2014 9:32:13 AM
Permit	Added detail to total fluid makeup per operator. Missing Wireline and Cement info and summaries to TA Codell.	10/25/2013 1:31:25 PM

Total: 2 comment(s)