

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



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Document Number:

400739166

Date Received:

02/26/2015

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: Sean McClaren
 2. Name of Operator: BAYSWATER EXPLORATION AND PRODUCTION Phone: (720) 881-4479
 3. Address: 730 17TH ST STE 610 Fax: (303) 893-2508
 City: DENVER State: CO Zip: 80202 Email: smcclaren@bayswater.us

5. API Number 05-121-11027-00 6. County: WASHINGTON
 7. Well Name: Swan Well Number: 21-44
 8. Location: QtrQtr: SWSE Section: 21 Township: 2S Range: 56W Meridian: 6
 9. Field Name: SWAN Field Code: 80750

Completed Interval

FORMATION: J SAND Status: SHUT IN Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: _____

Perforations Top: 5148 Bottom: 5259 No. Holes: 92 Hole size: 3 + 1/8Provide a brief summary of the formation treatment: _____ Open Hole: ☐

The well was perforated from 5148-5150, 5157-5161, 5228-5232 and 5246-5259. All perforations produced only water with no oil or gas. After swabbing and waiting for well to clean up, it was deemed a dry hole and SI until abandonment paperwork is approved.

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: _____ 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 form is being submitted as a follow up and correction to the initial form 5A (doc #400686793) that was submitted on 9/12/2014 and commented 12/8/2014.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Sean McClaren

Title: Operations Engineer Date: 2/26/2015 Email smcclaren@bayswater.us
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Attachment Check List

Att Doc Num **Name**

400739166	FORM 5A SUBMITTED
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Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

Permit	NCOM should not be the Nio-Codell. The J sand was the only attempt at completion. Form 7's will be revised. per operator 2/27/2015	3/2/2015 5:34:16 AM
Permit	NCOM being reported is for NIO-COD. This form 5A is for JSND. What is going on with the Niobrara and Codell.	2/27/2015 1:48:20 PM

Total: 2 comment(s)