

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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: Joe Richardson Phone: (303) 242-1844 Fax: Email: jrichardson@bayswater.us

5. API Number 05-123-40701-00
6. County: WELD
7. Well Name: Matrix Well Number: J-29HN
8. Location: QtrQtr: SESW Section: 29 Township: 6N Range: 65W Meridian: 6
9. Field Name: GREELEY Field Code: 32760

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/17/2015 End Date: 05/18/2015 Date of First Production this formation: 06/08/2015

Perforations Top: 7626 Bottom: 11491 No. Holes: Hole size:

Provide a brief summary of the formation treatment: Open Hole: [X]

Frac 31 stages (sliding sleeve) with 90,279 bbls slickwater & XL gel and 4,656,043 lbs 30/50 sand.

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): 90398 Max pressure during treatment (psi): 8174

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

Type of gas used in treatment: Min frac gradient (psi/ft): 1.02

Total acid used in treatment (bbl): 119 Number of staged intervals: 31

Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 8021

Fresh water used in treatment (bbl): 90279 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 4656043 Rule 805 green completion techniques were utilized: [X]

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 06/17/2015 Hours: 24 Bbl oil: 162 Mcf Gas: 474 Bbl H2O: 294

Calculated 24 hour rate: Bbl oil: 162 Mcf Gas: 474 Bbl H2O: 294 GOR: 2926

Test Method: flowing Casing PSI: 1500 Tubing PSI: Choke Size: 15/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1264 API Gravity Oil: 51

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:

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

Signed: _____ Print Name: Joe Richardson

Title: Sr. Ops. Engineer Date: 7/30/2015 Email jrichardson@bayswater.us
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400876795	FORM 5A SUBMITTED
400876882	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
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