

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400935532

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

5. API Number 05-123-40900-00
6. County: WELD
7. Well Name: Sherley
Well Number: H-4-9HN
8. Location: QtrQtr: NWNW Section: 4 Township: 5N Range: 65W Meridian: 6
9. Field Name: GREELEY Field Code: 32760

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/06/2015 End Date: 10/23/2015 Date of First Production this formation:
Perforations Top: 7553 Bottom: 12472 No. Holes: 750 Hole size: 0.35

Provide a brief summary of the formation treatment: Open Hole:
Frac 55 stages (plug and Perf) with 136,978 bbls hybrid fluid (slickwater & crosslink) 5,126,253 lbs of Sand

This formation is commingled with another formation: Yes No
Total fluid used in treatment (bbl): 136978 Max pressure during treatment (psi): 8682
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): 0.99
Total acid used in treatment (bbl): Number of staged intervals: 55
Recycled water used in treatment (bbl): Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): 136978 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 5126253 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: 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:

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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: \_\_\_\_\_ Email: jrichardson@bayswater.us  
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### Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400935624	WELLBORE DIAGRAM

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)