

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:

400973000

Date Received:

01/19/2016

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: Joe Richardson
 2. Name of Operator: BAYSWATER EXPLORATION AND PRODUCTION Phone: (303) 242-1844
 3. Address: 730 17TH ST STE 610 Fax: _____
 City: DENVER State: CO Zip: 80202 Email: jrichardson@bayswater.us

5. API Number 05-123-40898-00 6. County: WELD
 7. Well Name: Sherley Well Number: C-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 STIMULATIONTreatment Date: 12/04/2015 End Date: 12/22/2015 Date of First Production this formation: 12/31/2015Perforations Top: 7443 Bottom: 16679 No. Holes: 1400 Hole size: 0.35

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac 50 stages (plug and perf) with 186,860 hybrid fluid (slickwater and crosslink) 10,557,029 of sand

This formation is commingled with another formation: ☐ Yes ☒ NoTotal fluid used in treatment (bbl): 186860Max pressure during treatment (psi): 9306

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): 0.98Total acid used in treatment (bbl): 1124Number of staged intervals: 50

Recycled water used in treatment (bbl): _____

Flowback volume recovered (bbl): 2171Fresh water used in treatment (bbl): 185736Disposition method for flowback: DISPOSALTotal proppant used (lbs): 10557029Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 01/16/2016 Hours: 24 Bbl oil: 405 Mcf Gas: 1292 Bbl H2O: 433
 Calculated 24 hour rate: Bbl oil: 405 Mcf Gas: 1292 Bbl H2O: 433 GOR: 3190
 Test Method: flowing Casing PSI: 2270 Tubing PSI: _____ Choke Size: _____
 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1277 API Gravity Oil: 48
 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:

TPZ listed as 7194'-16866' on form 5 (400859880). Corrected to 7443'-16679' on this form 5A.

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: 1/19/2016 Email jrichardson@bayswater.us
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Attachment Check List

Att Doc Num **Name**

400973000	FORM 5A SUBMITTED
400974335	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

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Total: 0 comment(s)