

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 05-123-40966-00
6. County: WELD
7. Well Name: Sherley
Well Number: E-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: 12/03/2015 End Date: 12/22/2015 Date of First Production this formation: 01/08/2016
Perforations Top: 7434 Bottom: 16371 No. Holes: 1400 Hole size: 0.35

Provide a brief summary of the formation treatment:

Open Hole: [ ]

Frac 50 stages (plug and perf) with 191,556 hybrid fluid (slickwater and crosslink) 10,953,520 of sand

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

Total fluid used in treatment (bbl): 191556 Max pressure during treatment (psi): 9129
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): 0.93
Total acid used in treatment (bbl): 143 Number of staged intervals: 50
Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 581
Fresh water used in treatment (bbl): 191413 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 10953520 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: 01/18/2016 Hours: 24 Bbl oil: 370 Mcf Gas: 1356 Bbl H2O: 219
Calculated 24 hour rate: Bbl oil: 370 Mcf Gas: 1356 Bbl H2O: 219 GOR: 3671
Test Method: flowing Casing PSI: 2450 Tubing PSI: Choke Size:
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1309 API Gravity Oil: 52
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: 2/18/2016 Email: jrichardson@bayswater.us  
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### Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400973146	FORM 5A SUBMITTED
400991780	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

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

Total: 0 comment(s)