

FORM 5A
Rev 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:
400900641
Date Received:
09/16/2015

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: 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 05-123-40896-00 6. County: WELD
 7. Well Name: Sherley Well Number: G-4-9HC
 8. Location: QtrQtr: NWNW Section: 4 Township: 5N Range: 65W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION
 Treatment Date: 08/06/2015 End Date: 08/09/2015 Date of First Production this formation: 11/03/2015
 Perforations Top: 7445 Bottom: 16433 No. Holes: 210 Hole size: 0.4

Provide a brief summary of the formation treatment: Open Hole:
Frac 7 Stages (Plug and Perf) from 15250' to 16433' with 31,680 bbl Hybrid fluid (Slickwater and crosslink) 782,727 lbs sand

This formation is commingled with another formation: Yes No
 Total fluid used in treatment (bbl): 31680 Max pressure during treatment (psi): 8120
 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): _____ Number of staged intervals: 7
 Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
 Fresh water used in treatment (bbl): 31680 Disposition method for flowback: DISPOSAL
 Total proppant used (lbs): 782727 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:

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. Operations Engineer Date: 9/16/2015 Email jrichardson@bayswater.us
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400900641	FORM 5A SUBMITTED
400900651	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Changed field name to Wattenberg. Entered date of first production as 11/3/2015 to reflect Form 10 and Form 7 reporting. Added perf depths for this individual fracture treatment to treatment comments and revised overall perf interval depths to reflect entire perforated interval.	4/16/2016 10:38:31 AM

Total: 1 comment(s)