

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, reoperation 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 05-123-40932-00
6. County: WELD
7. Well Name: Sherley Well Number: I-4-9HN
8. Location: QtrQtr: NWNW Section: 4 Township: 5N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/08/2015 End Date: 10/22/2015 Date of First Production this formation: 08/24/2015
Perforations Top: 7592 Bottom: 16613 No. Holes: 740 Hole size: 0.35

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

7592'-11561': Frac 50 stages (plug and Perf) with 196,974 bbls hybrid fluid (slickwater & crosslink) 7,534,072 lbs of Sand

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

Total fluid used in treatment (bbl): 196974 Max pressure during treatment (psi): 8984
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): 0.96
Total acid used in treatment (bbl): Number of staged intervals: 50
Recycled water used in treatment (bbl): Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): 196974 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 7534072 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:

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: 11/12/2015 Email jrichardson@bayswater.us

Attachment Check List

Att Doc Num **Name**

400935477	FORM 5A SUBMITTED
400935487	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Permit	Changed field name to Wattenberg. Entered date of first production as 8/24/2015 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 1:36:06 PM
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Total: 1 comment(s)