

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:
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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: <u>10261</u>	4. Contact Name: <u>Joe Richardson</u>
2. Name of Operator: <u>BAYSWATER EXPLORATION AND PRODUCTION</u>	Phone: <u>(303) 242-1844</u>
3. Address: <u>730 17TH ST STE 610</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>jrichardson@bayswater.us</u>

5. API Number <u>05-123-17552-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>EISENMAN</u>	Well Number: <u>22-15</u>
8. Location: QtrQtr: <u>SENW</u> Section: <u>15</u> Township: <u>5N</u> Range: <u>65W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 09/05/2000 End Date: 09/05/2000 Date of First Production this formation: _____

Perforations Top: 7025 Bottom: 7035 No. Holes: 40 Hole size: _____

Provide a brief summary of the formation treatment: _____ Open Hole:

This was a Codell Refrac done by HS Resources in 2000.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 2796 Max pressure during treatment (psi): 5872

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.33

Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____

Total acid used in treatment (bbl): 0 Number of staged intervals: 1

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): 2796 Disposition method for flowback: _____

Total proppant used (lbs): 261100 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: I have no production data in the well file that we acquired from Noble on this well.

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:

This Form 5A is to capture the Codell Refrac performed by HS Resources in 2000. I am submitting all the information that I have in my well files.

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. Production Engineer Date: _____ Email jrichardson@bayswater.us
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Attachment Check List

Att Doc Num **Name**

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Total Attach: 0 Files

General Comments

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

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Total: 0 comment(s)