

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:

400388960

Date Received:

06/25/2013

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 & PRODUCTION LLC
3. Address: 730 17TH ST STE 500
City: DENVER State: CO Zip: 80202
4. Contact Name: JONATHAN RUNGE
Phone: (303) 216-0703
Fax: (303) 216-2139
Email: jrunge@iptengineers.com

5. API Number 05-001-09528-00
6. County: ADAMS
7. Well Name: STANDLEY
Well Number: 6-2
8. Location: QtrQtr: NESE Section: 3 Township: 1S Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: DAKOTA-J-NIOBRARA-CODELL Status: COMMINGLED Treatment Type:
Treatment Date: End Date: Date of First Production this formation:
Perforations Top: 7676 Bottom: 9040 No. Holes: 210 Hole size: 0.42
Provide a brief summary of the formation treatment: Open Hole: ☐
This formation is commingled with another formation: ☐ Yes ☒ No
Total fluid used in treatment (bbl): Max pressure during treatment (psi):
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):
Type of gas used in treatment: Min frac gradient (psi/ft):
Total acid used in treatment (bbl): Number of staged intervals:
Recycled water used in treatment (bbl): Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): Disposition method for flowback:
Total proppant used (lbs): Rule 805 green completion techniques were utilized: ☐
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 03/01/2013 Hours: 24 Bbl oil: 1 Mcf Gas: 67 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 1 Mcf Gas: 67 Bbl H2O: 0 GOR: 67000
Test Method: FLOWING Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1278 API Gravity Oil: 49
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8833 Tbg setting date: 02/12/2013 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.

FORMATION: DAKOTA Status: PRODUCING Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: _____

Perforations Top: 9008 Bottom: 9040 No. Holes: 48 Hole size: 0.42

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

This formation is commingled with another formation: ☒ Yes ☐ No

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

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

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

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

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

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

Total proppant used (lbs): _____ 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.

FORMATION: J SAND		Status: SHUT IN		Treatment Type: FRACTURE STIMULATION	
Treatment Date: 07/24/2007		End Date: 07/24/2007		Date of First Production this formation:	
Perforations	Top: 8854	Bottom: 8864	No. Holes: 40	Hole size: 0.42	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Frac J-Sand Formation w/ 3906 bbls treated water, 300,000 # Sand					
This formation is commingled with another formation:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Total fluid used in treatment (bbl): 3906			Max pressure during treatment (psi):		
Total gas used in treatment (mcf):			Fluid density at initial fracture (lbs/gal):		
Type of gas used in treatment:			Min frac gradient (psi/ft):		
Total acid used in treatment (bbl):			Number of staged intervals: 1		
Recycled water used in treatment (bbl):			Flowback volume recovered (bbl): 378		
Fresh water used in treatment (bbl):			Disposition method for flowback: DISPOSAL		
Total proppant used (lbs): 300000			Rule 805 green completion techniques were utilized: <input type="checkbox"/>		
Reason why green completion not utilized: PIPELINE					
Fracture stimulations must be reported on FracFocus.org					
<u>Test Information:</u>					
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: 2 + 3/8	Tubing Setting Depth: 8833	Tbg setting date: 02/12/2013	Packer Depth:		
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
Date formation Abandoned:	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt			
** Bridge Plug Depth:	** Sacks cement on top:	** Wireline and Cement Job Summary must be attached.			

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: _____

Perforations Top: 7976 Bottom: 8422 No. Holes: 112 Hole size: 0.42

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

This formation is commingled with another formation: ☒ Yes ☐ No

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

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

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

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

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

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

Total proppant used (lbs): _____ 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:

The Standley 6-2 was originally completed in the Dakota-Codell-Niobrara. The J-Sand was later completed and comingled with the other formations, but a Form 5A was never submitted by the previous operator. The current operator, Bayswater wishes to correct the formation. The casing pressure and choke size are not available.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: JONATHAN RUNGE

Title: CONSULTANT Date: 6/25/2013 Email: jrunge@iptengineers.com

Attachment Check List

Att Doc Num **Name**

400388960	FORM 5A SUBMITTED
400389034	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Bayswater has corrected Form 7 reporting to report J as SI from 1/2011 to 12/2014. No production from this formation.	06/07/2018
Permit	Requested cleanup of Form 7 reporting, NB-CD, J, and Dakota should all be reported as producing. Requested additional info for production test in 2013.	05/28/2018
Permit	Contacted current operator to research well history in order to correct form.	10/26/2017

Total: 3 comment(s)