

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: Robert Carney
 2. Name of Operator: BAYSWATER EXPLORATION & PRODUCTION LLC Phone: (303) 893-2503
 3. Address: 730 17TH ST STE 500 Fax: _____
 City: DENVER State: CO Zip: 80202 Email: rcarney@bayswater.us

5. API Number 05-123-46032-00 6. County: WELD
 7. Well Name: G & D Hanks Well Number: P-27-28HN
 8. Location: QtrQtr: SWSE Section: 27 Township: 7N Range: 66W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION
 Treatment Date: 01/25/2020 End Date: 02/23/2020 Date of First Production this formation: 06/26/2020
 Perforations Top: 7960 Bottom: 18194 No. Holes: 1904 Hole size: 0.35

Provide a brief summary of the formation treatment: Open Hole:
427407 bbls total; 13204366 # sand total(1333440 100/mesh 5976660 40/70 5894266 30/50); 4744 gals HCL

This formation is commingled with another formation: Yes No
 Total fluid used in treatment (bbl): 427408 Max pressure during treatment (psi): 8444
 Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.33
 Type of gas used in treatment: _____ Min frac gradient (psi/ft): 1.06
 Total acid used in treatment (bbl): 113 Number of staged intervals: 56
 Recycled water used in treatment (bbl): 22003 Flowback volume recovered (bbl): 27536
 Fresh water used in treatment (bbl): 405292 Disposition method for flowback: DISPOSAL
 Total proppant used (lbs): 13204366 Rule 805 green completion techniques were utilized:
 Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 06/26/2020 Hours: 24 Bbl oil: 30 Mcf Gas: 13 Bbl H2O: 606
 Calculated 24 hour rate: Bbl oil: 30 Mcf Gas: 13 Bbl H2O: 606 GOR: 433
 Test Method: flowing Casing PSI: 2000 Tubing PSI: _____ Choke Size: 10/64
 Gas Disposition: SOLD Gas Type: SHALE Btu Gas: 1331 API Gravity Oil: 42
 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: Robert Carney
Title: Engineer Date: _____ Email rcarney@bayswater.us
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402471563	OPERATIONS SUMMARY

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)