

FORM
5A

Rev
09/20

State of Colorado

Energy & Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

403382758

Date Received:

09/05/2023

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: Robert Carney

Phone: (303) 8932503

Fax:

Email: RCarney@bayswater.us

5. API Number 05-123-51842-00

7. Well Name: Ruby West

8. Location: QtrQtr: NESW Section: 7 Township: 7N Range: 65W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 9R

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING
Treatment Date: 12/06/2022 End Date: 01/01/2023 Date this Formation was Completed: 05/29/2023
Perforations Top: 8351 Bottom: 17568 No. Holes: 1215 Hole size: 0.433 Open Hole: ☐

Describe the Formation Treatment, including the following: type of fluid used (gel, slickwater, etc.), type and concentration of acid used (HCl, HF, etc.), types and amounts of proppant(s) used, depth details of multiple zones, and method used to determine flowback volume.

529,859 bbls total slickwater; 16,581,456 # sand total (200/mesh 1252535 100/mesh 693690 40/70 14635231 30/50); 7987 gals 15% HCL. Method to determine flowback: metering flowback tank volumes.

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

Total fluid used in treatment (bbl): 529859 Max pressure during treatment (psi): 9017
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): 0.98
Total acid used in treatment (bbl): 190 Number of staged intervals: 45
Recycled or Reused Fluids used in treatment (bbl): Flowback volume recovered (bbl): 2287
Fresh water used in treatment (bbl): 529669 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 16581456

Fracture stimulations must be reported on [FracFocus.org](https://www.fracfocus.org)

Test Information:

05/29/2023 Hours: 24 Bbl oil: 40 Mcf Gas: 32 Bbl H2O: 1524
Date Calculated 24 hour rate: Bbl oil: 16 Mcf Gas: 54 Bbl H2O: 1524 GOR: 800
Test Method: Flowing Casing PSI: 0 Tubing PSI: 2163 Choke Size: 14/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1384 API Gravity Oil: 42
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7870 Tbg setting date: 05/09/2023 Packer Depth: 7870
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:

TPZ: 1688 FSL, 621 FEL Sec 12

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: 9/5/2023 Email: RCarney@bayswater.us

Attachment List

Att Doc Num	Name
403382758	FORM 5A SUBMITTED
403520380	OPERATIONS SUMMARY

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	12/6/2022 - 1/1/2023 is correct as reported on the Form 5A. A corrected FracFocus report will be submitted. Operator provided info. Corrected formation status. Pass.	03/26/2024
Permit	Frac Focus end date is 1/24/2023, 1/1/2023 on this 5A. Missing fluid type, acid concentration, method used to determine flowback volume.	02/29/2024

Total: 2 comment(s)