

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:

400431692

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: 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: JONATHAN RUNGE  
Phone: (303) 216-0703  
Fax: (303) 216-2139

5. API Number 05-123-34766-00  
6. County: WELD  
7. Well Name: Hergert  
Well Number: 17-35  
8. Location: QtrQtr: NENE Section: 35 Township: 7N Range: 67W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 02/11/2013 End Date: 02/11/2013 Date of First Production this formation:

Perforations Top: 7252 Bottom: 7271 No. Holes: 76 Hole size: 040/100

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

263,613 gals(166,946 gals SLF),180,420 lbs 30/50 White

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

Total fluid used in treatment (bbl): 6389 Max pressure during treatment (psi): 5561

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 0.25

Type of gas used in treatment: Min frac gradient (psi/ft): 0.88

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

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 5111

Fresh water used in treatment (bbl): 6277 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 180420 Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: PIPELINE

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: NIOBRARA-CODELL		Status: PRODUCING		Treatment Type: _____	
Treatment Date: _____		End Date: _____		Date of First Production this formation: 03/23/2013	
Perforations	Top: 7066	Bottom: 7271	No. Holes: 316	Hole size: 042/100	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
This formation is commingled with another formation:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/>		
Reason why green completion not utilized: _____					
<b>Fracture stimulations must be reported on FracFocus.org</b>					
<b><u>Test Information:</u></b>					
Date: 03/28/2013	Hours: 24	Bbl oil: 105	Mcf Gas: 92	Bbl H2O: 6	
Calculated 24 hour rate:	Bbl oil: 105	Mcf Gas: 92	Bbl H2O: 6	GOR: 876	
Test Method: FLOWING	Casing PSI: 690	Tubing PSI: _____	Choke Size: 012/64		
Gas Disposition: SOLD	Gas Type: WET	Btu Gas: 1220	API Gravity Oil: 47		
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	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 Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 02/11/2013 End Date: 02/11/2013 Date of First Production this formation:   
Perforations Top: 7066 Bottom: 7180 No. Holes: 240 Hole size: 042/100

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

NBRR B- 254,700 gals(177,722 gals SLF),181,860 lbs 30/50 White  
NBRR C- 191,856 gals(139,973 gals SLF), 114,380 lbs 30/50 White

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

Total fluid used in treatment (bbl): 10849 Max pressure during treatment (psi): 5855

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 0.25

Type of gas used in treatment: Min frac gradient (psi/ft): 0.94

Total acid used in treatment (bbl): 0 Number of staged intervals: 2

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 8679

Fresh water used in treatment (bbl): 10632 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 296240 Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: PIPELINE

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: JONATHAN RUNGE

Title: CONSULTANT Date: Email jrunge@iptengineers.com

#### Attachment Check List

Att Doc Num	Name
400431722	WELLBORE DIAGRAM

Total Attach: 1 Files

#### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)