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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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: CLAYTON DOKE
Phone: (970) 669-7411
Fax: (970) 669-4077

5. API Number 05-001-09508-00
6. County: ADAMS
7. Well Name: MORRISON
Well Number: 9-1
8. Location: QtrQtr: NESE Section: 1 Township: 1S Range: 68W Meridian: 6
9. Field Name: SPINDLE Field Code: 77900

Completed Interval

FORMATION: CODELL Status: SHUT IN Treatment Type:

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

Perforations Top: 7899 Bottom: 7911 No. Holes: 24 Hole size: 038/100

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: Max 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: 7840 ** Sacks cement on top: 1 ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/01/2011 End Date: 10/01/2011 Date of First Production this formation: 10/10/2011

Perforations Top: 7518 Bottom: 7760 No. Holes: 256 Hole size: 042/100

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

NBRR A- 198,650 gal WFR-5W, 100,180 lbs 30/50 white
NBRR B- 189,917 gal WFR-5W, 100,000 lbs 30/50 white
NBRR C- 1000 gal 15% acid, 188,567 gal WFR-5W, 100,380 lbs 30/50 white

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

Total fluid used in treatment (bbl): 14367 Max pressure during treatment (psi): 5500

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

Type of gas used in treatment: Max frac gradient (psi/ft): 0.81

Total acid used in treatment (bbl): 47 Number of staged intervals: 3

Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 14407

Fresh water used in treatment (bbl): 6453 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 300560 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: 10/22/2011 Hours: 24 Bbl oil: 39 Mcf Gas: 195 Bbl H2O: 40

Calculated 24 hour rate: Bbl oil: 39 Mcf Gas: 195 Bbl H2O: 40 GOR: 5000

Test Method: Flowing Casing PSI: 440 Tubing PSI: Choke Size: 012/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1294 API Gravity Oil: 46

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: CLAYTON DOKE

Title: Consultant Date: 6/7/2012 Email: cdoke@petersonenergy.com

Attachment Check List

Att Doc Num	Name
400292273	WIRELINE JOB SUMMARY

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
Permit	Within GWA	7/12/2012 9:52:29 AM

Total: 1 comment(s)