

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



Table with columns DE, ET, OE, ES

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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: JONATHAN RUNGE Phone: (970) 669-7411 Fax: (970) 669-4077

5. API Number 05-123-34776-00
6. County: WELD
7. Well Name: Schlotthauer Well Number: 4-26
8. Location: QtrQtr: SWSW Section: 23 Township: 7N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 04/10/2012 End Date: 04/10/2012 Date of First Production this formation: 06/10/2012

Perforations Top: 7305 Bottom: 7326 No. Holes: 84 Hole size: 042/100

Provide a brief summary of the formation treatment: Open Hole: []

275,173 gals Total FR Water, 178,265 gals SLF, 180,100 lbs 30/50 White

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): 10796 Max pressure during treatment (psi): 5842

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: 1

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 6552

Fresh water used in treatment (bbl): 6552 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 180100 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: 06/17/2012 Hours: 12 Bbl oil: 76 Mcf Gas: 59 Bbl H2O: 1

Calculated 24 hour rate: Bbl oil: 152 Mcf Gas: 118 Bbl H2O: 2 GOR: 776

Test Method: FLOWING Casing PSI: 1610 Tubing PSI: Choke Size: 012/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1226 API Gravity Oil: 40

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7294 Tbg setting date: 08/08/2012 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: 9/20/2012 Email jrunge@petersonenergy.com
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Attachment Check List

Att Doc Num	Name
400314698	FORM 5A SUBMITTED
400314755	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Logs received 11/29/12	12/7/2012 8:07:38 AM
Permit	On hold for hard copy of logs.	11/12/2012 9:51:31 AM

Total: 2 comment(s)