

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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

5. API Number 05-123-34222-00 6. County: WELD 7. Well Name: Kaiser 8. Location: QtrQtr: NENW Section: 10 Township: 6N Range: 65W Meridian: 6 9. Field Name: EATON Field Code: 19350

Completed Interval

FORMATION: CODELL Status: SHUT IN Treatment Type: FRACTURE STIMULATION

Treatment Date: 01/26/2012 End Date: 01/26/2012 Date of First Production this formation: Perforations Top: 7230 Bottom: 7248 No. Holes: 72 Hole size: 040/100

Provide a brief summary of the formation treatment: Open Hole: 277,779 gallons, 180,020# 30/50 sand

This formation is commingled with another formation: Total fluid used in treatment (bbl): 6614 Max pressure during treatment (psi): 5143 Total gas used in treatment (mcf): Type of gas used in treatment: Fluid density at initial fracture (lbs/gal): 0.25 Total acid used in treatment (bbl): Min frac gradient (psi/ft): 0.90 Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 6726 Fresh water used in treatment (bbl): 2499 Disposition method for flowback: DISPOSAL Total proppant used (lbs): 180020 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: 01/30/2012 Squeeze: Yes No If yes, number of sacks cmt

\*\* Bridge Plug Depth: 7190 \*\* Sacks cement on top: \*\* Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 01/30/2012 End Date: 01/30/2012 Date of First Production this formation: 02/25/2012  
Perforations Top: 6940 Bottom: 7140 No. Holes: 184 Hole size: 042/100

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

NBRR A- 190,670 gals, 112,686 gals SLF, 100,860 lbs 30/50 White  
NBRR B&C- 281,360 gals, 198,996 gals SLF, 180,300 lbs 30/50 White

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 11239 Max pressure during treatment (psi): 5576

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

Type of gas used in treatment: Min frac gradient (psi/ft): 0.95

Total acid used in treatment (bbl): 23 Number of staged intervals: 2

Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 11242

Fresh water used in treatment (bbl): 3818 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 281160 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: 03/24/2012 Hours: 24 Bbl oil: 163 Mcf Gas: 248 Bbl H2O: 37

Calculated 24 hour rate: Bbl oil: 163 Mcf Gas: 248 Bbl H2O: 37 GOR: 1522

Test Method: Flowing Casing PSI: 1800 Tubing PSI: Choke Size: 012/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1238 API Gravity Oil: 47

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
400292265	WIRELIN JOB SUMMARY

Total Attach: 1 Files

**General Comments**

<b>User Group</b>	<b>Comment</b>	<b>Comment Date</b>
Permit	Bridge plug depth and setting date on Wireline Job Summary.	11/20/2012 9:08:40 AM
Permit	On Hold. Requested bridge plug information for Codell.	9/20/2012 11:56:56 AM
Permit	On Hold. Requested bridge plug information for Codell.	7/23/2012 9:24:13 AM

Total: 3 comment(s)