

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:

400280431

Date Received:

06/07/2012

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 05-123-34224-00
6. County: WELD
7. Well Name: Kaiser
Well Number: 17-10
8. Location: QtrQtr: NENE Section: 10 Township: 6N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 01/26/2012 End Date: 01/26/2012 Date of First Production this formation: 02/19/2012

Perforations Top: 7296 Bottom: 7312 No. Holes: 64 Hole size: 040/100

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

294,601 gallons, 180,380# 30/50 sand

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

Total fluid used in treatment (bbl): 7014

Max pressure during treatment (psi): 5711

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): 0.90

Total acid used in treatment (bbl):

Number of staged intervals: 1

Recycled water used in treatment (bbl):

Flowback volume recovered (bbl): 7127

Fresh water used in treatment (bbl): 2657

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 180380

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: 03/04/2012 Hours: 10 Bbl oil: 62 Mcf Gas: 129 Bbl H2O: 23

Calculated 24 hour rate: Bbl oil: 149 Mcf Gas: 310 Bbl H2O: 55 GOR: 2081

Test Method: Flowing Casing PSI: 1300 Tubing PSI: Choke Size: 012/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1472 API Gravity Oil: 49

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:

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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
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Attachment Check List

Att Doc Num	Name
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Total Attach: Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Form 5 passed.	3/11/2013 2:04:25 PM
Permit	On hold for logs on form 5.	10/11/2012 1:47:10 PM

Total: 2 comment(s)