

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 4. Contact Name: JONATHAN RUNGE 2. Name of Operator: BAYSWATER EXPLORATION AND PRODUCTION 3. Address: 730 17TH ST STE 610 City: DENVER State: CO Zip: 80202 Phone: (303) 216-0703 Fax: (303) 216-2139

5. API Number 05-123-35725-00 6. County: WELD 7. Well Name: BALDRIDGE Well Number: 7-1 8. Location: QtrQtr: SWSE Section: 36 Township: 7N Range: 67W Meridian: 6 9. Field Name: EATON Field Code: 19350

Completed Interval

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

Treatment Date: 10/30/2012 End Date: 10/30/2012 Date of First Production this formation: Perforations Top: 7754 Bottom: 7770 No. Holes: 64 Hole size: 038/100

Provide a brief summary of the formation treatment: Open Hole: Frac on 10/30/12, with 273,023 gals and 180,040 lbs. 30/50 White

This formation is commingled with another formation: Yes No Total fluid used in treatment (bbl): 6620 Max pressure during treatment (psi): 5647 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): 0.87 Total acid used in treatment (bbl): 0 Number of staged intervals: 1 Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): Fresh water used in treatment (bbl): 4137 Disposition method for flowback: DISPOSAL Total proppant used (lbs): 180040 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: 7680 ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/09/2012 End Date: 11/09/2012 Date of First Production this formation: 12/20/2012
Perforations Top: 7442 Bottom: 7582 No. Holes: 144 Hole size: 042/100

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

NBRR A: Frac on 11/9/12 with 190,386 gals and 100,440 lbs 30/50 White, 1,000 gals 15% HCl
NBRR B: Frac on 11/9/12 with 285,054 gals and 180,180 lbs 30/50 White, 1,000 gals 15% HCl

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 11320 Max pressure during treatment (psi): 5770

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): 0.96

Total acid used in treatment (bbl): 47 Number of staged intervals: 2

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

Fresh water used in treatment (bbl): 9137 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 280620 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: 01/07/2013 Hours: 24 Bbl oil: 128 Mcf Gas: 137 Bbl H2O: 18

Calculated 24 hour rate: Bbl oil: 128 Mcf Gas: 137 Bbl H2O: 18 GOR: 1070

Test Method: FLOWING Casing PSI: 1110 Tubing PSI: _____ Choke Size: 014/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1283 API Gravity Oil: 44

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: 3/1/2013 Email: jrunge@iptengineers.com

Attachment Check List

Att Doc Num	Name
400384804	FORM 5A SUBMITTED
400384829	WELLBORE DIAGRAM
400384840	WIRELINE JOB SUMMARY

Total Attach: 3 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)