

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, reoperation 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 Phone: (303) 216-0703
3. Address: 730 17TH ST STE 610 City: DENVER State: CO Zip: 80202 Fax: (303) 216-2139

5. API Number 05-123-35729-00 6. County: WELD
7. Well Name: BALDRIDGE Well Number: 2-1
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: 7388 Bottom: 7404 No. Holes: 64 Hole size: 038/100

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

Frac on 10/30/12, with 275,069 gals and 180,560 lbs. 30/50 White

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

Total fluid used in treatment (bbl): 10662 Max pressure during treatment (psi): 5742
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): 0.82
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): 6472 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 180560 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: 7280 ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/16/2012 End Date: 11/16/2012 Date of First Production this formation: 12/30/2012
Perforations Top: 7194 Bottom: 7221 No. Holes: 108 Hole size: 038/100

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

Frac on 11/16/12 with 244,188 gals and 225,000 lbs 30/50 white, 1,000 gal 15% HCl

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 7669 Max pressure during treatment (psi): 5858

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): 0.98

Total acid used in treatment (bbl): 23 Number of staged intervals: 1

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

Fresh water used in treatment (bbl): 5746 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 225000 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: 01/05/2013 Hours: 24 Bbl oil: 96 Mcf Gas: 90 Bbl H2O: 15

Calculated 24 hour rate: Bbl oil: 96 Mcf Gas: 90 Bbl H2O: 15 GOR: 938

Test Method: FLOWING Casing PSI: 950 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
400384786	FORM 5A SUBMITTED
400384803	WELLBORE DIAGRAM
400384841	WIRELINE JOB SUMMARY

Total Attach: 3 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)