

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

5. API Number 05-123-35318-00 6. County: WELD
7. Well Name: COALBANK CREEK Well Number: 10-20
8. Location: QtrQtr: NESE Section: 20 Township: 7N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/07/2012 End Date: 08/07/2012 Date of First Production this formation: 09/30/2012

Perforations Top: 7765 Bottom: 7779 No. Holes: 60 Hole size: 042/100

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

Frac 8/07/12 with 268,127 gals slick H2O and 180160 # 30/50 sand

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

Total fluid used in treatment (bbl): 10753 Max pressure during treatment (psi): 5792
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): 0.89
Total acid used in treatment (bbl): 0 Number of staged intervals: 1
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 5752
Fresh water used in treatment (bbl): 6309 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 180160 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: 10/03/2012 Hours: 24 Bbl oil: 178 Mcf Gas: 157 Bbl H2O: 8
Calculated 24 hour rate: Bbl oil: 178 Mcf Gas: 157 Bbl H2O: 8 GOR: 882
Test Method: FLOWING Casing PSI: 500 Tubing PSI: Choke Size: 012/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1385 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
400384622	FORM 5A SUBMITTED
400384630	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Received flowback volume. Ready to pass.	5/9/2013 8:13:13 AM
Permit	Reminded opertor that flowback volume is needed.	4/26/2013 1:10:17 PM
Permit	On hold for flowback volume.	3/15/2013 8:15:49 AM

Total: 3 comment(s)