

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400384647

Date Received:

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 05-123-35687-00 6. County: WELD
7. Well Name: LAKE Well Number: 4-27
8. Location: QtrQtr: SESW Section: 22 Township: 7N Range: 67W Meridian: 6
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/17/2012 End Date: 08/17/2012 Date of First Production this formation: 01/28/2013

Perforations Top: 7664 Bottom: 7683 No. Holes: 76 Hole size: 038/100

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

8/17/12 Frac: 277,538 gals, 180,331 gals SLF, 180,180 lbs 30/50 White

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

Total fluid used in treatment (bbl): 10773 Max pressure during treatment (psi): 5449

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): 0.88

Total acid used in treatment (bbl): 0 Number of staged intervals: 1

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 5382

Fresh water used in treatment (bbl): 6530 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 180180 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: ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: 01/28/2013

Perforations Top: 7348 Bottom: 7683 No. Holes: 404 Hole size: 042/100

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

This formation is commingled with another formation: Yes No

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

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

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

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

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

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

Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 02/01/2013 Hours: 24 Bbl oil: 75 Mcf Gas: 24 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 75 Mcf Gas: 24 Bbl H2O: 0 GOR: 320

Test Method: FLOWING Casing PSI: 850 Tubing PSI: _____ Choke Size: 012/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1231 API Gravity Oil: 41

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.

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/28/2012 End Date: 08/28/2012 Date of First Production this formation:
Perforations Top: 7348 Bottom: 7588 No. Holes: 328 Hole size: 042/100

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

NBRR A- 8/28/12 Frac: 115,626 gals, 58,706 gals SLF, 33,000 lbs 30/50 White
NBRR B- 8/28/12 Frac: 221,849 gals, 168,691 gals SLF, 152,900 lbs 30/50 White
NBRR C- 8/28/12 Frac: 209,065 gals, 131,461 gals SLF, 120,460 lbs 30/50 White

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

Total fluid used in treatment (bbl): 21203 Max pressure during treatment (psi): 5803
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): 0.95
Total acid used in treatment (bbl): 0 Number of staged intervals: 3
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 10410
Fresh water used in treatment (bbl): 12860 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 306360 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: ** 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: Email jrunge@iptengineers.com

Attachment Check List

Table with 2 columns: Att Doc Num, Name. Row 1: 400384688, WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

Table with 3 columns: User Group, Comment, Comment Date

Total: 0 comment(s)