

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

5. API Number 05-123-34198-00 6. County: WELD 7. Well Name: ROBEL Well Number: 14-28 8. Location: QtrQtr: SESW Section: 28 Township: 7N Range: 64W Meridian: 6 9. Field Name: GALETON Field Code: 27930

Completed Interval

FORMATION: CODELL Status: TEMPORARILY ABANDONED Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/18/2012 End Date: 11/18/2012 Date of First Production this formation:

Perforations Top: 7249 Bottom: 7263 No. Holes: 56 Hole size: 042/100

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

261,043 gals FR water, 175,686 gals SLF, 182,500lbs 30/50 White

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

Total fluid used in treatment (bbl): 6212 Max pressure during treatment (psi): 5100

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): 0.85

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

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 4970

Fresh water used in treatment (bbl): 6142 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 182500 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: Operator testing upper zone

Date formation Abandoned: 12/31/2012 Squeeze: [] Yes [] No If yes, number of sacks cmt

** Bridge Plug Depth: 7210 ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 01/03/2013 End Date: 01/03/2013 Date of First Production this formation: 01/13/2013
Perforations Top: 6947 Bottom: 7160 No. Holes: 332 Hole size: 038/100

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

NBRR A- 193,452 gals (115,626 gals SLF), 100,300 lbs 30/50 White
NBRR B- 281,442 gals (203,700 gals SLF), 183,080 lbs 30/50 White
NBRR C- 193,267 gals (112,459 gals SLF), 100,500 lbs 30/50 White

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 15908 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): 0.86
Total acid used in treatment (bbl): 0 Number of staged intervals: 3
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 12989
Fresh water used in treatment (bbl): 15908 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 383880 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: 01/25/2013 Hours: 24 Bbl oil: 36 Mcf Gas: 4 Bbl H2O: 61
Calculated 24 hour rate: Bbl oil: 36 Mcf Gas: 4 Bbl H2O: 61 GOR: 111
Test Method: FLOWING Casing PSI: 500 Tubing PSI: _____ Choke Size: 012/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1356 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: _____ Email: jrunge@iptengineers.com

Attachment Check List

| Att Doc Num | Name |
|-------------|----------------------|
| 400427221 | WELLBORE DIAGRAM |
| 400438729 | WIRELINE JOB SUMMARY |

Total Attach: 2 Files

General Comments

| User Group | Comment | Comment Date |
|-------------------|----------------|---------------------|
| | | |

Total: 0 comment(s)