

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
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 05-123-35925-00
6. County: WELD
7. Well Name: BOOTH
Well Number: 4-23
8. Location: QtrQtr: NENW Section: 23 Township: 7N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/11/2012 End Date: 12/11/2012 Date of First Production this formation: 03/12/2013

Perforations Top: 7499 Bottom: 7512 No. Holes: 52 Hole size: 042/100

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

270,321 gals(173,150 gals SLF),180,820 lbs 30/50 White

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

Total fluid used in treatment (bbl): 6552 Max pressure during treatment (psi): 5881

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): 5242

Fresh water used in treatment (bbl): 6436 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 180820 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: 03/24/2013 Hours: 24 Bbl oil: 40 Mcf Gas: 6 Bbl H2O: 4

Calculated 24 hour rate: Bbl oil: 40 Mcf Gas: 6 Bbl H2O: 4 GOR: 150

Test Method: FLOWING Casing PSI: 640 Tubing PSI: Choke Size: 012/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1154 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: 6/11/2013 Email jrunge@iptengineers.com  
:

**Attachment Check List**

Att Doc Num	Name
400429575	FORM 5A SUBMITTED
400429636	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)