

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, 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
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: (720) 420-5700 Fax: (720) 420-5800

5. API Number 05-123-37056-00
6. County: WELD
7. Well Name: Thornton Well Number: 13-22
8. Location: QtrQtr: SWSW Section: 22 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: 05/02/2013 End Date: 05/02/2013 Date of First Production this formation: 06/23/2013

Perforations Top: 7503 Bottom: 7517 No. Holes: 56 Hole size: 042/100

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

Frac on 5/02/2013 with 286,314 gal FR Water and 214,300 30/50 sand

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

Total fluid used in treatment (bbl): 6817 Max pressure during treatment (psi): 5784

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: Min frac gradient (psi/ft): 0.90

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

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 3317

Fresh water used in treatment (bbl): 6817 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 214300 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: 06/29/2013 Hours: 24 Bbl oil: 78 Mcf Gas: 61 Bbl H2O: 7

Calculated 24 hour rate: Bbl oil: 78 Mcf Gas: 61 Bbl H2O: 7 GOR: 783

Test Method: FLOWING Casing PSI: 1220 Tubing PSI: Choke Size: 014/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1239 API Gravity Oil: 42

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:

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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

<u>Att Doc Num</u>	<u>Name</u>
400498115	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)