

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
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 05-123-36107-00
6. County: WELD
7. Well Name: Booth Well Number: 7-26
8. Location: QtrQtr: NWNE Section: 26 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: 12/04/2012 End Date: 12/04/2012 Date of First Production this formation: 03/17/2013

Perforations Top: 7442 Bottom: 7454 No. Holes: 48 Hole size: 040/100

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

272,412 gals 4872 gall preflush, 181,020 lbs 30/50 White

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

Total fluid used in treatment (bbl): 6602 Max pressure during treatment (psi): 5587

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.58

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): 5282

Fresh water used in treatment (bbl): 6486 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 181020 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: 03/27/2012 Hours: 24 Bbl oil: 75 Mcf Gas: 39 Bbl H2O: 13

Calculated 24 hour rate: Bbl oil: 75 Mcf Gas: 39 Bbl H2O: 13 GOR: 520

Test Method: FLOWING Casing PSI: 880 Tubing PSI: Choke Size: 012/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1285 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

<u>Att Doc Num</u>	<u>Name</u>
400427425	FORM 5A SUBMITTED
400427433	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Received explanation of fluid makeup. Ready to pass.	10/25/2013 8:42:01 AM
Permit	Requested more information on fluid makeup.	10/25/2013 8:23:52 AM
Permit	Fluid density incorrect. Corrected fluid density to 8.58 #/gal per operator.	7/22/2013 8:14:17 AM

Total: 3 comment(s)