FORM 5A
Rev 06/12

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109

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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 05-123-36334-00
6. County: WELD
7. Well Name: Kaiser
Well Number: 28-10
8. Location: QtrQtr: NENW Section: 10 Township: 6N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

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

Perforations Top: 7184 Bottom: 7200 No. Holes: 56 Hole size: 040/100

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

270,844 gals, plus 4830 gal preflush,180,660 lbs 30/50 White

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 6564
Max pressure during treatment (psi): 5506
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): 0.84
Total acid used in treatment (bbl): 0
Number of staged intervals: 1
Recycled water used in treatment (bbl): 0
Flowback volume recovered (bbl): 5251
Fresh water used in treatment (bbl): 6449
Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 180660
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: 02/20/2013

Perforations Top: 6896 Bottom: 7200 No. Holes: 232 Hole size: 040/100

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: 02/24/2013 Hours: 24 Bbl oil: 98 Mcf Gas: 117 Bbl H2O: 70

Calculated 24 hour rate: Bbl oil: 98 Mcf Gas: 117 Bbl H2O: 70 GOR: 1194

Test Method: FLOWING Casing PSI: 900 Tubing PSI: Choke Size: 012/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1298 API Gravity Oil: 47

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

Perforations Top: 6896 Bottom: 7088 No. Holes: 176 Hole size: 042/100

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

NBRR A- 149,488 gals,55,526 lbs 30/50 White
NBRR B & C- 305,001 gals, 225,300 lbs 30/50 White
plus 9702 bbl preflush

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 11102 Max pressure during treatment (psi): 5695

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): 0.92

Total acid used in treatment (bbl): 0 Number of staged intervals: 2

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 8882

Fresh water used in treatment (bbl): 10821 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 280826 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: 6/11/2013 Email: jrunge@iptengineers.com

Attachment Check List

Att Doc Num	Name
400431253	FORM 5A SUBMITTED
400431468	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date
Permit	Added detail to total fluid makeup per operator. Ready to pass.	10/25/2013 11:07:17 AM
Permit	Corrected fluid density to 8.58 #/gal per operator.	7/22/2013 8:18:12 AM
Permit	Requested correct fluid density.	7/15/2013 2:09:17 PM

Total: 3 comment(s)