

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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

5. API Number 05-123-36071-00
6. County: WELD
7. Well Name: Booth Well Number: 28-26
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: 06/17/2013 End Date: 06/17/2013 Date of First Production this formation: 07/17/2013

Perforations Top: 7218 Bottom: 7234 No. Holes: 64 Hole size: 042/100

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

Frac on 6/17/13: 273,000 gals FR & 179,980 lbs 30/50 White

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

Total fluid used in treatment (bbl): 6500 Max pressure during treatment (psi): 5180
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): 0.86
Total acid used in treatment (bbl): 0 Number of staged intervals: 1
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 3183
Fresh water used in treatment (bbl): 6500 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 179980 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: 07/28/2013 Hours: 24 Bbl oil: 80 Mcf Gas: 33 Bbl H2O: 20
Calculated 24 hour rate: Bbl oil: 80 Mcf Gas: 33 Bbl H2O: 20 GOR: 413
Test Method: FLOWING Casing PSI: 1100 Tubing PSI: Choke Size: 012/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1283 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: 10/20/2013 Email jrunge@iptengineers.com
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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400498822	FORM 5A SUBMITTED
400498823	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

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