

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

5. API Number 05-123-37067-00
6. County: WELD
7. Well Name: Triangle Well Number: 18-22
8. Location: QtrQtr: SENW Section: 22 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: 06/03/2013 End Date: 06/03/2013 Date of First Production this formation: 08/16/2013

Perforations Top: 7374 Bottom: 7386 No. Holes: 48 Hole size: 038/100

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

Frac on 6-3-13 w/ 263,386 gals FR & 154,103 lbs 30/50 White

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

Total fluid used in treatment (bbl): 6271 Max pressure during treatment (psi): 5597

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): 3070

Fresh water used in treatment (bbl): 6271 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 154103 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: 09/05/2013 Hours: 24 Bbl oil: 43 Mcf Gas: 9 Bbl H2O: 2

Calculated 24 hour rate: Bbl oil: 43 Mcf Gas: 9 Bbl H2O: 2 GOR: 209

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

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1284 API Gravity Oil: 41

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>
400498831	FORM 5A SUBMITTED
400498832	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)