

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 Email: jrunge@iptengineers.com

5. API Number 05-123-36069-00 6. County: WELD 7. Well Name: Booth 8. Location: QtrQtr: NWNE Section: 26 Township: 7N Range: 65W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 06/20/2013 End Date: 06/20/2013 Date of First Production this formation: Perforations Top: 7868 Bottom: 7881 No. Holes: 52 Hole size: 042/100

Provide a brief summary of the formation treatment: Open Hole: Frac on 6-20-13 w/ 145,505 gals ,100,180 lbs 30/50 White

This formation is commingled with another formation: [X] Yes [] No Total fluid used in treatment (bbl): 3464 Max pressure during treatment (psi): 5735 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): 0.85 Total acid used in treatment (bbl): 0 Number of staged intervals: 1 Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 1659 Fresh water used in treatment (bbl): 3464 Disposition method for flowback: DISPOSAL Total proppant used (lbs): 100180 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: 07/24/2013

Perforations Top: 7614 Bottom: 7881 No. Holes: 324 Hole size: 042/100

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: 08/02/2013 Hours: 24 Bbl oil: 96 Mcf Gas: 96 Bbl H2O: 87

Calculated 24 hour rate: Bbl oil: 96 Mcf Gas: 96 Bbl H2O: 87 GOR: 1000

Test Method: FLOWING Casing PSI: 1500 Tubing PSI: _____ Choke Size: 012/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1275 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.

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 06/20/2013 End Date: 06/20/2013 Date of First Production this formation:
Perforations Top: 7614 Bottom: 7784 No. Holes: 272 Hole size: 042/100

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

Frac Nio B/C w/ 328,924 gals & 224,880 lbs 30/50 White
Frac Nio A w/ 145,505 gals & 100,180 lbs 30/50 White

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

Total fluid used in treatment (bbl): 11296 Max pressure during treatment (psi): 5735

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): 0.88

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

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 5625

Fresh water used in treatment (bbl): 11296 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 325060 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: 10/18/2013 Email jrunge@iptengineers.com

Attachment Check List

Table with 2 columns: Att Doc Num, Name. Rows: 400498468 FORM 5A SUBMITTED, 400498502 WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

Table with 3 columns: User Group, Comment, Comment Date

Total: 0 comment(s)