

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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: 400582836 Date Received:				
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: <u>10261</u>	4. Contact Name: <u>JONATHAN RUNGE</u>
2. Name of Operator: <u>BAYSWATER EXPLORATION AND PRODUCTION</u>	Phone: <u>(720) 420-5700</u>
3. Address: <u>730 17TH ST STE 610</u>	Fax: <u>(720) 420-5800</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>clay.doke@iptenergyservices.com</u>

5. API Number <u>05-123-25230-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>HUNGENBERG</u>	Well Number: <u>42-29</u>
8. Location: QtrQtr: <u>NESE</u> Section: <u>29</u> Township: <u>6N</u> Range: <u>65W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u>	Field Code: <u>90750</u>

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>PRODUCING</u>	Treatment Type: <u>FRACTURE STIMULATION</u>
Treatment Date: <u>12/19/2013</u>	End Date: <u>12/19/2013</u>	Date of First Production this formation: <u>01/16/2014</u>
Perforations Top: <u>7221</u>	Bottom: <u>7235</u>	No. Holes: <u>56</u> Hole size: <u>040/100</u>
Provide a brief summary of the formation treatment: <u>Open Hole: <input type="checkbox"/></u>		
Re-frac CODL w/ 136,038 gal fluid and 245,760# 20/40 sand (20,008 gal slick wtr, 20,163 gals linear gel, 95,867 gal xlink gel). ISIP=4383 psi (1.04 F.G.). ATP=4438 psi, ATR=30.2 BPM, MTP=5036 psi, MTR=30.5 BPM.		

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): <u>3239</u>	Max pressure during treatment (psi): <u>5036</u>
Total gas used in treatment (mcf): <u>0</u>	Fluid density at initial fracture (lbs/gal): <u>11.60</u>
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>1.04</u>
Total acid used in treatment (bbl): <u>0</u>	Number of staged intervals: <u>1</u>
Recycled water used in treatment (bbl): <u>0</u>	Flowback volume recovered (bbl): <u>585</u>
Fresh water used in treatment (bbl): <u>3239</u>	Disposition method for flowback: <u>DISPOSAL</u>
Total proppant used (lbs): <u>245760</u>	Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: <u>01/17/2014</u>	Hours: <u>24</u>	Bbl oil: <u>38</u>	Mcf Gas: <u>95</u>	Bbl H2O: <u>23</u>
Calculated 24 hour rate:	Bbl oil: <u>38</u>	Mcf Gas: <u>95</u>	Bbl H2O: <u>23</u>	GOR: <u>2500</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>1200</u>	Tubing PSI: <u>675</u>	Choke Size: <u>08/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	Btu Gas: <u>1312</u>	API Gravity Oil: <u>50</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7208</u>	Tbg setting date: <u>12/26/2013</u>	Packer Depth: _____	
Reason for Non-Production: _____				
Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____ Email jonathan.runge@iptenergyservices.com
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400582908	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)