

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: PAUL GOTTLLOB
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5. API Number 05-123-37862-00

6. County: WELD

7. Well Name: Godby Well Number: 2-30

8. Location: QtrQtr: NENW Section: 30 Township: 7N Range: 65W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: TEMPORARILY ABANDONED Treatment Type: FRACTURE STIMULATION

Treatment Date: 04/04/2014 End Date: 04/04/2014 Date of First Production this formation: _____

Perforations Top: 7481 Bottom: 7494 No. Holes: 52 Hole size: 041/100

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

Frac CODL w/ 271,896 gal fluid and 180,440# 30/50 sand (271,896 gal slick wtr). ISIP=3044 psi (0.84 F.G.). ATP=5107 psi, ATR=54.5 BPM, MTP=5455 psi, MTR=56.8 BPM.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 6474 Max pressure during treatment (psi): 5455

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): 0.84

Total acid used in treatment (bbl): 0 Number of staged intervals: 1

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

Fresh water used in treatment (bbl): 6474 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 180440 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

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: Testing upper zones

Date formation Abandoned: 04/10/2014 Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: 7425 ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 04/11/2014 End Date: 04/11/2014 Date of First Production this formation: 05/20/2014
Perforations Top: 7218 Bottom: 7390 No. Holes: 96 Hole size: 040/100

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

Frac NBRR B&C w/ 212,890 gal fluid and 95,400# 30/50 sand (210,890 gal slick wtr, 2000 gals 15% HCl). ISIP=3939 psi (0.969 F.G.). ATP=5231 psi, ATR=49.9 BPM, MTP=5540 psi, MTR=52.9 BPM.
Frac NBRR A w/ 169,311 gal fluid and 110,960# 30/50 sand (169,311 gal slick wtr). ISIP=3997 psi (0.987 F.G.). ATP=5107 psi, ATR=54.5 BPM, MTP=5455 psi, MTR=56.8 BPM.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 9052 Max pressure during treatment (psi): 5540
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): 0.96
Total acid used in treatment (bbl): 42 Number of staged intervals: 2
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 915
Fresh water used in treatment (bbl): 9010 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 291400 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 05/20/2014 Hours: 24 Bbl oil: 83 Mcf Gas: 0 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 83 Mcf Gas: 0 Bbl H2O: 0 GOR: 0
Test Method: FLOWING Casing PSI: 1538 Tubing PSI: 0 Choke Size: 012/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 0 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:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: Print Name: PAUL GOTTLÖB
Title: CONSULTANT Date: Email: paul.gottlob@iptenergyservices.com

Attachment Check List

Att Doc Num	Name
400704874	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)