

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



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Date Received:

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 4. Contact Name: PAUL GOTTLLOB
 2. Name of Operator: BAYSWATER EXPLORATION AND PRODUCTION Phone: (720) 420-5700
 3. Address: 730 17TH ST STE 610 Fax: (720) 420-5800
 City: DENVER State: CO Zip: 80202 Email: paul.gottlob@iptenergyservices.com

5. API Number 05-123-37607-00 6. County: WELD
 7. Well Name: Heckman Well Number: 16-20
 8. Location: QtrQtr: NENE Section: 29 Township: 7N Range: 67W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 01/28/2014 End Date: 01/28/2014 Date of First Production this formation: 06/19/2014

Perforations Top: 7234 Bottom: 7254 No. Holes: 80 Hole size: 041/100

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

Frac CODL w/ 275,062 gal fluid and 180,458# 30/50 sand (275,062 gal slick wtr). ISIP=3277 psi (0.885 F.G.). ATP=4455 psi, ATR=59.1 BPM, MTP=5068 psi, MTR=63.8 BPM.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 6549 Max pressure during treatment (psi): 5068

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: 1

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 1359

Fresh water used in treatment (bbl): 6549 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 180458 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 06/21/2014 Hours: 24 Bbl oil: 11 Mcf Gas: 0 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 11 Mcf Gas: 0 Bbl H2O: 0 GOR: 0

Test Method: FLOWING Casing PSI: 1000 Tubing PSI: _____ Choke Size: 018/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1304 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: Paul Gottlob
Title: Consultant Date: _____ Email paul.gottlob@iptenergyservices.com
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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400704952	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)