

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 05-123-37591-00 6. County: WELD
 7. Well Name: MSH Farms Well Number: 12-15
 8. Location: QtrQtr: SWSW Section: 15 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: 11/23/2013 End Date: 11/23/2013 Date of First Production this formation: 03/28/2014
 Perforations Top: 7490 Bottom: 7510 No. Holes: 80 Hole size: 042/100

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

Frac CODL w/ 280,770 gal fluid and 175,803# 30/50 sand (280,770 gal slick wtr). ISIP=3341 psi (0.878 F.G.). ATP=4570 psi, ATR=51.4 BPM, MTP=5317 psi, MTR=63.1 BPM.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 6685 Max pressure during treatment (psi): 5317
 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): 0.87
 Total acid used in treatment (bbl): 0 Number of staged intervals: 1
 Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 902
 Fresh water used in treatment (bbl): 6685 Disposition method for flowback: DISPOSAL
 Total proppant used (lbs): 175803 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 03/28/2014 Hours: 24 Bbl oil: 48 Mcf Gas: 0 Bbl H2O: 33
 Calculated 24 hour rate: Bbl oil: 48 Mcf Gas: 0 Bbl H2O: 33 GOR: 6
 Test Method: FLOWING Casing PSI: 280 Tubing PSI: _____ Choke Size: 014/64
 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1308 API Gravity Oil: 40
 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 GOTTLÖB
Title: CONSULTANT Date: _____ Email paul.gottlob@iptenergyservices.com
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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400705438	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)