

FORM 5A

Rev 06/12

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State of Colorado

Oil and Gas Conservation Commission



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Document Number: 400728326

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 05-123-37861-00 6. County: WELD
 7. Well Name: Godby Well Number: 6-30
 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: 7474 Bottom: 7487 No. Holes: 52 Hole size: 4 + 2/100

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

Frac Codell w/ 6447 bbls FR water & 180,3680 lbs 30/50 sand

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 6447 Max pressure during treatment (psi): 5506

Total gas used in treatment (mcf): _____ 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): _____ Number of staged intervals: 1

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

Fresh water used in treatment (bbl): 6447 Disposition method for flowback: _____

Total proppant used (lbs): 180380 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: test Niobrara

Date formation Abandoned: 04/08/2014 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: 04/17/2014 End Date: 04/17/2014 Date of First Production this formation: 05/20/2014

Perforations Top: 7290 Bottom: 7384 No. Holes: 168 Hole size: 4 + 2/100

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

Frac Nio C w/ 4082 bbls FR water & 101,260 30/50 sand & frac Nio B w/ 7057 bbls FR water & 187,380 lbs 30/50 sand

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 11139 Max pressure during treatment (psi): 5344

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: Min frac gradient (psi/ft): 0.94

Total acid used in treatment (bbl): 72 Number of staged intervals: 2

Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 1580

Fresh water used in treatment (bbl): 11067 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 288640 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 05/22/2014 Hours: 24 Bbl oil: 103 Mcf Gas: 0 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 103 Mcf Gas: 0 Bbl H2O: 0 GOR:

Test Method: flowing Casing PSI: 534 Tubing PSI: Choke Size: 1 + 2/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1283 API Gravity Oil: 41

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7367 Tbg setting date: 04/25/2014 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 GOTTLLOB

Title: CONSULTANT Date: Email paul.gottlob@iptenergyservices.com

Attachment Check List

Table with 2 columns: Att Doc Num, Name. Row 1: 400728356, WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)