

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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
2. Name of Operator: BAYSWATER EXPLORATION AND PRODUCTION
3. Address: 730 17TH ST STE 610
4. Contact Name: Joe Richardson
5. Phone: (303) 2421844
6. Fax:
7. Email: jrichardson@bayswater.us

5. API Number 05-123-39602-00
6. County: WELD
7. Well Name: Kaiser
8. Location: QtrQtr: NENE Section: 10 Township: 6N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/28/2014 End Date: 01/03/2015 Date of First Production this formation: 02/01/2015
Perforations Top: 7570 Bottom: 11627 No. Holes: 140 Hole size:

Provide a brief summary of the formation treatment: Open Hole:
Frac 28 stages (sleeves & swell packers) with 69488 bbl slickwater and trident X-link 4077911 lbs 20/40 sand

This formation is commingled with another formation: Yes No
Total fluid used in treatment (bbl): 69661 Max pressure during treatment (psi): 7452
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): 0.95
Total acid used in treatment (bbl): 24 Number of staged intervals: 28
Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 2173
Fresh water used in treatment (bbl): 69637 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 4077911 Rule 805 green completion techniques were utilized:
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 01/29/2015 Hours: 24 Bbl oil: 145 Mcf Gas: 147 Bbl H2O: 168
Calculated 24 hour rate: Bbl oil: 145 Mcf Gas: 147 Bbl H2O: 168 GOR: 1010
Test Method: flowing Casing PSI: 1160 Tubing PSI: Choke Size: 12
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1345 API Gravity Oil: 45
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: Joe Richardson

Title: Sr. Operations Engineer Date: _____ Email: jrichardson@bayswater.us
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Attachment Check List

Att Doc Num **Name**

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Total Attach: 0 Files

General Comments

User Group **Comment** **Comment Date**

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