

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: Joe Richardson
 2. Name of Operator: BAYSWATER EXPLORATION AND PRODUCTION Phone: (303) 893-2503
 3. Address: 730 17TH ST STE 610 Fax: _____
 City: DENVER State: CO Zip: 80202 Email: jrichardson@bayswater.us

5. API Number 05-123-26423-00 6. County: WELD
 7. Well Name: KAISER Well Number: 41-10
 8. Location: QtrQtr: NENE Section: 10 Township: 6N Range: 65W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: SHUT IN Treatment Type: _____
 Treatment Date: _____ End Date: _____ Date of First Production this formation: _____
 Perforations Top: 7174 Bottom: 7188 No. Holes: 96 Hole size: _____
 Provide a brief summary of the formation treatment: _____ Open Hole:
 This formation is commingled with another formation: Yes No
 Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____
 Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____
 Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____
 Total acid used in treatment (bbl): _____ Number of staged intervals: _____
 Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
 Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____
 Total proppant used (lbs): _____ 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: 05/28/2014 Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: 7150 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 06/01/2014 End Date: 06/01/2014 Date of First Production this formation: 06/11/2014

Perforations Top: 6876 Bottom: 7082 No. Holes: 156 Hole size: 4 + 2/100

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

Frac Nio B&C w/ 8612 bbls FR water & 228,200 lbs 30/50 sand & frac Nio A w/ 3600 bbls FR water & 96,880 lbs 30/50 sand

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 12212 Max pressure during treatment (psi): 6392

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): 48 Number of staged intervals: 2

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

Fresh water used in treatment (bbl): 12164 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 325080 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 06/12/2014 Hours: 24 Bbl oil: 87 Mcf Gas: 248 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 87 Mcf Gas: 248 Bbl H2O: 0 GOR: 2851

Test Method: flowing Casing PSI: 1425 Tubing PSI: 0 Choke Size: 1 + 2/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1300 API Gravity Oil: 49

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: Joe Richardson Title: Sr. Operations Engineer Date: Email: jrichardson@bayswater.us

Attachment Check List

Table with 2 columns: Att Doc Num, Name. Row 1: 400825942, WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)