

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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Document Number: 400605670

Date Received: 09/30/2014

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 05-001-09771-00 6. County: ADAMS
 7. Well Name: Badger Creek Well Number: 22-32B
 8. Location: QtrQtr: SWNE Section: 22 Township: 2S Range: 57W Meridian: 6
 9. Field Name: BADGER CREEK Field Code: 5050

Completed Interval

FORMATION: D SAND Status: PRODUCING Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: 03/31/2014

Perforations Top: 5296 Bottom: 5298 No. Holes: 8 Hole size: 050/100

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

No stimulation treatment was pumped on this well. The well was shot, swab tested and put on production.

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: 03/31/2014 Hours: 24 Bbl oil: 8 Mcf Gas: 0 Bbl H2O: 86
 Calculated 24 hour rate: Bbl oil: 8 Mcf Gas: 0 Bbl H2O: 86 GOR: 0
 Test Method: Pump Casing PSI: 0 Tubing PSI: _____ Choke Size: _____
 Gas Disposition: _____ Gas Type: _____ Btu Gas: 0 API Gravity Oil: 38
 Tubing Size: 2 + 7/8 Tubing Setting Depth: 5382 Tbg setting date: 01/08/2014 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:

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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: 9/30/2014 Email: jrichardson@bayswater.us
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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400605670	FORM 5A SUBMITTED
400849910	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Agency	Returning to draft. No treatment information or dates.	1/16/2015 2:22:20 PM

Total: 1 comment(s)