

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400818635

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
City: DENVER State: CO Zip: 80202
4. Contact Name: Joe Richardson
Phone: (303) 893-2503
Fax:
Email: jrichardson@bayswater.us

5. API Number 05-123-32162-00
6. County: WELD
7. Well Name: Kaiser
Well Number: 6-10
8. Location: QtrQtr: SENW Section: 10 Township: 6N Range: 65W Meridian: 6
9. Field Name: EATON Field Code: 19350

Completed Interval

FORMATION: CODELL Status: SHUT IN Treatment Type:
Treatment Date: End Date: Date of First Production this formation: 04/05/2011
Perforations Top: 7125 Bottom: 7143 No. Holes: 72 Hole size: 40/100
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: 05/22/2014 Squeeze: Yes No If yes, number of sacks cmt
** Bridge Plug Depth: 7090 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/29/2014 End Date: 05/29/2014 Date of First Production this formation: 06/11/2014

Perforations Top: 6842 Bottom: 7032 No. Holes: 248 Hole size: 42/100

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

Frac Nio B&C w/ 8058 bbls FR water & 225,480 lbs 30/50 sand & frac Nio A w/ 3745 bbls FR water & 99,580 lbs 30/50 sand

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 11851 Max pressure during treatment (psi): 5704

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): 0.91

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): 11803 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 325060 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 06/25/2014 Hours: 24 Bbl oil: 10 Mcf Gas: 31 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 10 Mcf Gas: 31 Bbl H2O: 0 GOR: 3100

Test Method: flowing Casing PSI: 1460 Tubing PSI: 0 Choke Size: 12

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1300 API Gravity Oil: 47

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

Attachment Check List

Table with 2 columns: Att Doc Num, Name. Rows: 400825935 WELLBORE DIAGRAM, 401084044 WIRELINE JOB SUMMARY

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)