

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: 400431692 Date Received: 06/11/2013

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: JONATHAN RUNGE Phone: (303) 216-0703 Fax: (303) 216-2139 Email: jrunge@iptengineers.com

5. API Number 05-123-34766-00 6. County: WELD 7. Well Name: Hergert Well Number: 17-35 8. Location: QtrQtr: NENE Section: 35 Township: 7N Range: 67W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 02/11/2013 End Date: 02/11/2013 Date of First Production this formation: Perforations Top: 7252 Bottom: 7271 No. Holes: 76 Hole size: 040/100

Provide a brief summary of the formation treatment: Open Hole: 263,613 gals(166,946 gals SLF),180,420 lbs 30/50 White

This formation is commingled with another formation: [X] Yes [] No Total fluid used in treatment (bbl): 6389 Max pressure during treatment (psi): 5561 Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 0.25 Type of gas used in treatment: Min frac gradient (psi/ft): 0.88 Total acid used in treatment (bbl): 0 Number of staged intervals: 1 Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 5111 Fresh water used in treatment (bbl): 6277 Disposition method for flowback: DISPOSAL Total proppant used (lbs): 180420 Rule 805 green completion techniques were utilized: Reason why green completion not utilized: PIPELINE

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: 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.

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: 03/23/2013

Perforations Top: 7066 Bottom: 7271 No. Holes: 316 Hole size: 042/100

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: 03/28/2013 Hours: 24 Bbl oil: 105 Mcf Gas: 92 Bbl H2O: 6

Calculated 24 hour rate: Bbl oil: 105 Mcf Gas: 92 Bbl H2O: 6 GOR: 876

Test Method: FLOWING Casing PSI: 690 Tubing PSI: _____ Choke Size: 012/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1220 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.

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 02/11/2013 End Date: 02/11/2013 Date of First Production this formation:
Perforations Top: 7066 Bottom: 7180 No. Holes: 240 Hole size: 042/100

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

NBRR B- 254,700 gals(177,722 gals SLF), 181,860 lbs 30/50 White
NBRR C- 191,856 gals(139,973 gals SLF), 114,380 lbs 30/50 White

This formation is commingled with another formation: [X] Yes [] No

Total fluid used in treatment (bbl): 10849 Max pressure during treatment (psi): 5855

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 0.25

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

Total acid used in treatment (bbl): 0 Number of staged intervals: 2

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 8679

Fresh water used in treatment (bbl): 10632 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 296240 Rule 805 green completion techniques were utilized: []

Reason why green completion not utilized: PIPELINE

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:

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: JONATHAN RUNGE
Title: CONSULTANT Date: 6/11/2013 Email jrunge@iptengineers.com

Attachment Check List

Table with 2 columns: Att Doc Num, Name. Rows: 400431692 FORM 5A SUBMITTED, 400431722 WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Form 5 complete.	12/27/2013 11:12:13 AM
Permit	On hold for form 5. Opr notified.	6/13/2013 4:16:05 PM

Total: 2 comment(s)