

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, reoperation 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

5. API Number 05-123-35728-00
6. County: WELD
7. Well Name: BALDRIDGE
Well Number: 1-1
8. Location: QtrQtr: SWSE Section: 36 Township: 7N Range: 67W Meridian: 6
9. Field Name: EATON Field Code: 19350

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/20/2012 End Date: 11/20/2012 Date of First Production this formation: 12/27/2012

Perforations Top: 7595 Bottom: 7611 No. Holes: 64 Hole size: 038/100

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

Frac Codell on 11/20/12 with 172,788 gals and 186,210 # 30/50 white

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

Total fluid used in treatment (bbl): 6551 Max pressure during treatment (psi): 5497

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): 0.92

Total acid used in treatment (bbl): 0 Number of staged intervals: 1

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

Fresh water used in treatment (bbl): 4065 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 186210 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: 12/27/2012

Perforations Top: 7262 Bottom: 7611 No. Holes: 272 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: 01/09/2013 Hours: 24 Bbl oil: 132 Mcf Gas: 142 Bbl H2O: 19

Calculated 24 hour rate: Bbl oil: 132 Mcf Gas: 142 Bbl H2O: 19 GOR: 1076

Test Method: FLOWING Casing PSI: 1060 Tubing PSI: _____ Choke Size: 014/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1283 API Gravity Oil: 44

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: 01/20/2013 End Date: 01/20/2013 Date of First Production this formation: 12/27/2012
Perforations Top: 7262 Bottom: 7470 No. Holes: 208 Hole size: 042/100

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

NBRR A: Frac on 11/20/12 with 107,100 gals and 100,080 # 30/50 White, 1000 gal 15% HCL
NBRR B: Frac on 11/20/12 with 188,664 gals and 179,032# 30/50 White, 1000 gal 15% HCL

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 10832 Max pressure during treatment (psi): 5588

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): 0.96

Total acid used in treatment (bbl): 47 Number of staged intervals: 2

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

Fresh water used in treatment (bbl): 6959 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 279112 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: _____ Email: jrunge@iptengineers.com

Attachment Check List

Att Doc Num	Name
400384784	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)