

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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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: JONATHAN RUNGE 2. Name of Operator: BAYSWATER EXPLORATION AND PRODUCTION 3. Address: 730 17TH ST STE 610 City: DENVER State: CO Zip: 80202 Phone: (303) 216-0703 Fax: (303) 216-2139

5. API Number 05-123-35724-00 6. County: WELD 7. Well Name: SCHNEIDER Well Number: 16-36 8. Location: QtrQtr: SWSE Section: 36 Township: 7N Range: 67W Meridian: 6 9. Field Name: EATON Field Code: 19350

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/06/2012 End Date: 11/06/2012 Date of First Production this formation: 12/21/2012 Perforations Top: 7577 Bottom: 7594 No. Holes: 68 Hole size: 038/100

Provide a brief summary of the formation treatment: Open Hole: [] Frac on 12/6/12 with 180,480# 30/50 white, ave psi 5280, ave rate 58.8

This formation is commingled with another formation: [] Yes [X] No Total fluid used in treatment (bbl): 10675 Max pressure during treatment (psi): 5762 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): Fresh water used in treatment (bbl): 6540 Disposition method for flowback: DISPOSAL Total proppant used (lbs): 180480 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: 01/13/2013 Hours: 24 Bbl oil: 106 Mcf Gas: 84 Bbl H2O: 12 Calculated 24 hour rate: Bbl oil: 106 Mcf Gas: 84 Bbl H2O: 12 GOR: 792 Test Method: FLOWING Casing PSI: 925 Tubing PSI: Choke Size: 014/64 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1281 API Gravity Oil: 42 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: 3/1/2013 Email jrunge@iptengineers.com
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Attachment Check List

Att Doc Num	Name
400384875	FORM 5A SUBMITTED
400384907	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)