

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, 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 Phone: (303) 216-0703
3. Address: 730 17TH ST STE 610 City: DENVER State: CO Zip: 80202 Fax: (303) 216-2139

5. API Number 05-123-26748-00 6. County: WELD
7. Well Name: KOCHERT Well Number: 12-18
8. Location: QtrQtr: SWNW Section: 18 Township: 6N Range: 66W Meridian: 6
9. Field Name: BRACEWELL Field Code: 7487

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 02/04/2013 End Date: 02/04/2013 Date of First Production this formation: 02/23/2013
Perforations Top: 7214 Bottom: 7226 No. Holes: 24 Hole size: 040/100

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

CODL- 269,366 gals(172,594 gals SLF),180,240 lbs 30/50 White

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

Total fluid used in treatment (bbl): 6434 Max pressure during treatment (psi): 5814
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): 0.76
Total acid used in treatment (bbl): 0 Number of staged intervals:
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 5147
Fresh water used in treatment (bbl): 6413 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 180240 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: 03/18/2013 Hours: 3 Bbl oil: 7 Mcf Gas: 18 Bbl H2O: 1
Calculated 24 hour rate: Bbl oil: 56 Mcf Gas: 144 Bbl H2O: 8 GOR: 2571
Test Method: FLOWING Casing PSI: 350 Tubing PSI: Choke Size: 016/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1364 API Gravity Oil: 46
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
400427354	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)