

FORM
5A

Rev
06/12

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400431253

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: JONATHAN RUNGE
Phone: (303) 216-0703
Fax: (303) 216-2139

5. API Number 05-123-36334-00
6. County: WELD
7. Well Name: Kaiser
Well Number: 28-10
8. Location: QtrQtr: NENW Section: 10 Township: 6N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 01/28/2013 End Date: 01/28/2013 Date of First Production this formation:
Perforations Top: 7184 Bottom: 7200 No. Holes: 56 Hole size: 040/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

270,844 gals(176,218 gals SLF),180,660 lbs 30/50 White

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 6564

Max pressure during treatment (psi): 5506

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): 0.84

Total acid used in treatment (bbl): 0

Number of staged intervals: 1

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): 5251

Fresh water used in treatment (bbl): 6449

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 180660

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: 02/20/2013	
Perforations	Top: 6896	Bottom: 7200	No. Holes: 232	Hole size: 040/100	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
This formation is commingled with another formation:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/>		
Reason why green completion not utilized: _____					
Fracture stimulations must be reported on FracFocus.org					
<u>Test Information:</u>					
Date: 02/24/2013	Hours: 24	Bbl oil: 98	Mcf Gas: 117	Bbl H2O: 70	
Calculated 24 hour rate:	Bbl oil: 98	Mcf Gas: 117	Bbl H2O: 70	GOR: 1194	
Test Method: FLOWING	Casing PSI: 900	Tubing PSI: _____	Choke Size: 012/64		
Gas Disposition: SOLD	Gas Type: WET	Btu Gas: 1298	API Gravity Oil: 47		
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____		
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: 01/28/2013 End Date: 01/28/2013 Date of First Production this formation: _____

Perforations Top: 6896 Bottom: 7088 No. Holes: 176 Hole size: 042/100

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

NBRR A- 149,488 gals(78,298 gals SLF),55,526 lbs 30/50 White
NBRR B & C- 305,001 gals(230,451 gals SLF), 225,300 lbs 30/50 White

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 11102 Max pressure during treatment (psi): 5695
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: 2
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 8882
Fresh water used in treatment (bbl): 10821 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 280826 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
400431468	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)