

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 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 05-123-35954-00 6. County: WELD
7. Well Name: BOOTH Well Number: 29-23
8. Location: QtrQtr: NENW Section: 23 Township: 7N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: TEMPORARILY ABANDONED Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/11/2012 End Date: 12/11/2012 Date of First Production this formation:
Perforations Top: 7339 Bottom: 7351 No. Holes: 48 Hole size: 042/100

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

264,594 gals(167,868 gals SLF),180,200 lbs 30/50 White

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

Total fluid used in treatment (bbl): 6411 Max pressure during treatment (psi): 5856
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): 0.87
Total acid used in treatment (bbl): 0 Number of staged intervals: 1
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 5129
Fresh water used in treatment (bbl): 6300 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 180200 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: Testing

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: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/21/2012 End Date: 12/21/2012 Date of First Production this formation: 03/09/2013
Perforations Top: 7562 Bottom: 7573 No. Holes: 80 Hole size: 040/100

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

334,624 gals(255,366 gals SLF),226,240 lbs 30/50 White

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 8078 Max pressure during treatment (psi): 5839

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): 0.91

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

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 6462

Fresh water used in treatment (bbl): 7967 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 226240 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: 03/21/2013 Hours: 24 Bbl oil: 71 Mcf Gas: 59 Bbl H2O: 18

Calculated 24 hour rate: Bbl oil: 71 Mcf Gas: 59 Bbl H2O: 18 GOR: 831

Test Method: FLOWING Casing PSI: 910 Tubing PSI: Choke Size: 012/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1141 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.

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
400429763	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)