

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400495554 Date Received: 10/15/2013

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: (720) 420-5700 Fax: (720) 420-5800 Email: jrunge@iptengineers.com

5. API Number 05-123-36414-00 6. County: WELD 7. Well Name: Hirsch 8. Location: QtrQtr: NENE Section: 26 Township: 7N Range: 67W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/25/2013 End Date: 03/25/2013 Date of First Production this formation: 05/22/2013 Perforations Top: 7764 Bottom: 7781 No. Holes: 68 Hole size: 042/100

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

Frac on 3/25/2013 with 267,403 gals of slickwater and 180,120 lbs of 30/50.

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

Total fluid used in treatment (bbl): Max pressure during treatment (psi): 5793 Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.34 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): 4457 Fresh water used in treatment (bbl): 6366 Disposition method for flowback: DISPOSAL Total proppant used (lbs): 180120 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: 06/06/2013 Hours: 24 Bbl oil: 106 Mcf Gas: 81 Bbl H2O: 24 Calculated 24 hour rate: Bbl oil: 106 Mcf Gas: 81 Bbl H2O: 24 GOR: 764 Test Method: FLOWING Casing PSI: 1050 Tubing PSI: Choke Size: 012/64 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1323 API Gravity Oil: 42 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7750 Tbg setting date: 09/30/2013 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:

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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: 10/15/2013 Email jrunge@iptengineers.com
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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400495554	FORM 5A SUBMITTED
400495563	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)