

<b>FORM 5A</b> Rev 06/12	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
			Document Number: <p style="text-align: center;">400523334</p> 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: <u>10261</u> 2. Name of Operator: <u>BAYSWATER EXPLORATION AND PRODUCTION</u> 3. Address: <u>730 17TH ST STE 610</u> City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	4. Contact Name: <u>JONATHAN RUNGE</u> Phone: <u>(720) 420-5700</u> Fax: <u>(720) 420-5800</u> Email: <u>jrunge@iptengineers.com</u>
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5. API Number <u>05-123-34148-00</u> 7. Well Name: <u>Larson Farms</u> 8. Location: QtrQtr: <u>NESW</u> Section: <u>24</u> Township: <u>6N</u> Range: <u>64W</u> Meridian: <u>6</u> 9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	6. County: <u>WELD</u> Well Number: <u>4-24</u>
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### Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>COMMINGLED</u>	Treatment Type: <u>FRACTURE STIMULATION</u>
Treatment Date: <u>03/31/2012</u>	End Date: <u>03/31/2012</u>	Date of First Production this formation: _____
Perforations Top: <u>7316</u>	Bottom: <u>7328</u>	No. Holes: <u>48</u> Hole size: <u>041/100</u>
Provide a brief summary of the formation treatment: _____ Open Hole: <input type="checkbox"/>		
Frac Codell w/ 132 bbls Linear pad, 542 bbls Crosslink Pad, 2418 bbls Crosslink slurry (prop concentration ranging from 1.0-4.0 ppg 20/40 White). Flush w/ 88 bbls		
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Total fluid used in treatment (bbl): <u>3180</u>	Max pressure during treatment (psi): <u>4126</u>	
Total gas used in treatment (mcf): <u>0</u>	Fluid density at initial fracture (lbs/gal): <u>8.34</u>	
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>0.53</u>	
Total acid used in treatment (bbl): <u>59</u>	Number of staged intervals: <u>1</u>	
Recycled water used in treatment (bbl): <u>0</u>	Flowback volume recovered (bbl): <u>1113</u>	
Fresh water used in treatment (bbl): <u>3082</u>	Disposition method for flowback: <u>DISPOSAL</u>	
Total proppant used (lbs): <u>271160</u>	Rule 805 green completion techniques were utilized: <input type="checkbox"/>	
Reason why green completion not utilized: <u>PIPELINE</u>		

**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: <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-CODELL Status: PRODUCING Treatment Type: \_\_\_\_\_

Treatment Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Date of First Production this formation: 04/02/2012

Perforations Top: 7042 Bottom: 7328 No. Holes: 208 Hole size: 041/100

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

This formation is commingled with another formation:  Yes  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:

Reason why green completion not utilized: \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

**Test Information:**

Date: 04/04/2012 Hours: 24 Bbl oil: 149 Mcf Gas: 217 Bbl H2O: 161

Calculated 24 hour rate: Bbl oil: 149 Mcf Gas: 217 Bbl H2O: 161 GOR: 1456

Test Method: FLOWING Casing PSI: 775 Tubing PSI: \_\_\_\_\_ Choke Size: 014/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 966 API Gravity Oil: 47

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 Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/31/2012 End Date: 03/31/2012 Date of First Production this formation:
Perforations Top: 7042 Bottom: 7166 No. Holes: 160 Hole size: 041/100

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

Frac Nio A & Nio B w/ 1499 bbls Slickwater Pad, 191 bbls Crosslink Pad, 2321 bbls Crosslink slurry (prop concentration ranging from 1.0-4.0 ppg 30/50 White). Flush w/ 109 bbls

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

Total fluid used in treatment (bbl): 4120 Max pressure during treatment (psi): 4818

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): 0.66

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

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 1442

Fresh water used in treatment (bbl): 4081 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 250900 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: This well was drilled & completed by the original operator, St James Energy. The current operator, Bayswater, purchased this well after it had been drilled & completed. No Form 5A was submitted by St James.

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

Table with 2 columns: Att Doc Num, Name. Row 1: 400534202, WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

Table with 3 columns: User Group, Comment, Comment Date

Total: 0 comment(s)