

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: 400523395

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: (720) 420-5700
 3. Address: 730 17TH ST STE 610 Fax: (720) 420-5800
 City: DENVER State: CO Zip: 80202 Email: jrunge@iptengineers.com

5. API Number 05-123-37280-00 6. County: WELD
 7. Well Name: Albrighton Well Number: 1-10
 8. Location: QtrQtr: SWSW Section: 10 Township: 6N Range: 64W Meridian: 6
 9. Field Name: HARLECH Field Code: 33560

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 07/03/2013 End Date: 07/03/2013 Date of First Production this formation: _____
 Perforations Top: 7062 Bottom: 7074 No. Holes: 48 Hole size: 041/100

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

Frac Codell w/ 654 bbls Crosslink Pad, 2578 bbls Crosslink slurry (prop concentrations from 1.0-4.0 ppg 20/40 White) & 83 bbls Flush

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 3315 Max pressure during treatment (psi): 4055
 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): 0.55
 Total acid used in treatment (bbl): 24 Number of staged intervals: 1
 Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 1160
 Fresh water used in treatment (bbl): 3252 Disposition method for flowback: DISPOSAL
 Total proppant used (lbs): 270140 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: 07/08/2013

Perforations Top: 6756 Bottom: 7074 No. Holes: 144 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: 07/09/2013 Hours: 8 Bbl oil: 145 Mcf Gas: 5 Bbl H2O: 8

Calculated 24 hour rate: Bbl oil: 435 Mcf Gas: 25 Bbl H2O: 40 GOR: 57

Test Method: FLOWING Casing PSI: 1230 Tubing PSI: _____ Choke Size: 014/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1268 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: 07/03/2013 End Date: 07/03/2013 Date of First Production this formation:
Perforations Top: 6756 Bottom: 6897 No. Holes: 96 Hole size: 041/100

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

Frac Nio A & Nio B w/ 1501 bbls Slickwater Pad, 216 bbls Crosslink Pad, 2384 bbls Crosslink slurry (prop concentrations from 1.0-4.0 ppg 30/50 White) & 105 bbls Flush

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

Total fluid used in treatment (bbl): 4206 Max pressure during treatment (psi): 4607

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): 0.88

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

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 1480

Fresh water used in treatment (bbl): 4168 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 250320 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: 400534205, WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)