

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:
400534207

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>	4. Contact Name: <u>JONATHAN RUNGE</u>
2. Name of Operator: <u>BAYSWATER EXPLORATION AND PRODUCTION</u>	Phone: <u>(720) 420-5700</u>
3. Address: <u>730 17TH ST STE 610</u>	Fax: <u>(720) 420-5800</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>jrunge@iptengineers.com</u>

5. API Number <u>05-123-37282-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Albrighton</u>	Well Number: <u>2-10</u>
8. Location: QtrQtr: <u>SWSW</u> Section: <u>10</u> Township: <u>6N</u> Range: <u>64W</u> Meridian: <u>6</u>	
9. Field Name: <u>HARLECH</u> Field Code: <u>33560</u>	

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/07/2013 End Date: 10/07/2013 Date of First Production this formation: _____
Perforations Top: 6984 Bottom: 7000 No. Holes: 64 Hole size: 042/100

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

Frac Codell w/ 2119.5 bbls Slickwater Pad, 4067.9 bbls Slickwater slurry (prop concentrations from 0.25-1.50 ppg 30/50 White) & 143.6 bbls Flush (23.8 bbls 15% HCl & 119.8 bbls Treated Water)

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 6331 Max pressure during treatment (psi): 5345

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): 0.87

Total acid used in treatment (bbl): 23 Number of staged intervals: 1

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 1519

Fresh water used in treatment (bbl): 6293 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 163745 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

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: 10/10/2013

Perforations Top: 6708 Bottom: 7000 No. Holes: 240 Hole size: 042/100

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: 10/11/2013 Hours: 14 Bbl oil: 100 Mcf Gas: 101 Bbl H2O: 178

Calculated 24 hour rate: Bbl oil: 171 Mcf Gas: 173 Bbl H2O: 305 GOR: 1010

Test Method: FLOWING Casing PSI: 925 Tubing PSI: _____ Choke Size: 014/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1288 API Gravity Oil: 46

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: 10/07/2013 End Date: 10/07/2013 Date of First Production this formation:
Perforations Top: 6708 Bottom: 6854 No. Holes: 176 Hole size: 042/100

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

Frac Nio B w/ 2119 bbls Slickwater Pad, 4404 bbls Slickwater slurry (prop concentrations from 0.25-1.50 ppg 30/50 White) & 120.1 bbls Flush (23.8 bbls 15% HCl & 96.3 bbls Treated Water)
Frac Nio A w/ 1179 bbls Slickwater Pad, 1771 bbls Slickwater slurry (prop concentrations from 0.25-1.50 ppg 30/50 White) & 115 bbls Flush

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

Total fluid used in treatment (bbl): 9708 Max pressure during treatment (psi): 5329
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): 0.89
Total acid used in treatment (bbl): 23 Number of staged intervals: 2
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 2403
Fresh water used in treatment (bbl): 9665 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 260180 Rule 805 green completion techniques were utilized: [X]

Reason why green completion not utilized:

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

Table with 2 columns: Att Doc Num, Name. Row 1: 400534226, WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)