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: 400538034

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
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 05-123-37281-00
6. County: WELD
7. Well Name: Albrighton
Well Number: 3-10
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: 10/10/2013 End Date: 10/10/2013 Date of First Production this formation:

Perforations Top: 7073 Bottom: 7086 No. Holes: 52 Hole size: 042/100

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

Frac Codell w/ 130 bbls Slickwater pad, 2944.2 bbls Crosslink slurry (prop concentration ranging from 1.0-4.0 ppg 20/40 White). Pump 23.8 bbls 15% HCl. Flush w/ 88 bbls Slickwater

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 3186 Max pressure during treatment (psi): 4400

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): 535

Fresh water used in treatment (bbl): 3088 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 228668 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: 10/12/2013

Perforations Top: 6776 Bottom: 7086 No. Holes: 208 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: 10/13/2013 Hours: 22 Bbl oil: 80 Mcf Gas: 63 Bbl H2O: 371

Calculated 24 hour rate: Bbl oil: 85 Mcf Gas: 67 Bbl H2O: 396 GOR: 788

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

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1242 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: 10/10/2013 End Date: 10/10/2013 Date of First Production this formation:

Perforations Top: 6776 Bottom: 6918 No. Holes: 156 Hole size: 042/100

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

Frac Nio B w/ 240 bbls Slickwater Pad, 3687.2 bbls Crosslink slurry (prop concentration ranging from 1.0-4.0 ppg 30/50 White). Pump 23.8 bbls 15% HCl. Flush w/ 105 bbls Slickwater
Frac Nio A w/ 235 bbls Slickwater Pad, 2224 bbls Crosslink slurry (prop concentration ranging from 1.0-4.0 ppg 30/50 White). Flush w/ 105 bbls Slickwater

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 6620 Max pressure during treatment (psi): 5250

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): 635

Fresh water used in treatment (bbl): 6515 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 404471 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.

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
400538073	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)