

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		<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				
COMPLETED INTERVAL REPORT			Document Number: 400596276 Date Received:				
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>jonathan.runge@iptenergyservices.com</u>
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5. API Number <u>05-123-12160-00</u> 7. Well Name: <u>GERRY</u> 8. Location: QtrQtr: <u>SWSE</u> Section: <u>24</u> Township: <u>6N</u> Range: <u>66W</u> Meridian: <u>6</u> 9. Field Name: <u>BRACEWELL</u> Field Code: <u>7487</u>	6. County: <u>WELD</u> Well Number: <u>1</u>
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Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>PRODUCING</u>	Treatment Type: <u>FRACTURE STIMULATION</u>
Treatment Date: <u>01/21/2014</u>	End Date: <u>01/21/2014</u>	Date of First Production this formation: <u>03/11/2014</u>
Perforations Top: <u>7092</u>	Bottom: <u>7106</u>	No. Holes: <u>64</u> Hole size: <u>038/100</u>
Provide a brief summary of the formation treatment: <u>Open Hole: <input type="checkbox"/></u>		
Re-frac CODL w/ 135,660 gal fluid and 240,000# 20/40 sand (10,773 gal slick wtr, 16,103 gals linear gel, 108,784 gal xlink gel). ISIP=2777 psi (0.824 F.G.). ATP=4962 psi, ATR=20.2 BPM, MTP=5552 psi, MTR=20.6 BPM.		

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): <u>3230</u>	Max pressure during treatment (psi): <u>5552</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>0.82</u>
Total acid used in treatment (bbl): <u>0</u>	Number of staged intervals: <u>1</u>
Recycled water used in treatment (bbl): <u>0</u>	Flowback volume recovered (bbl): <u>1712</u>
Fresh water used in treatment (bbl): <u>3230</u>	Disposition method for flowback: <u>DISPOSAL</u>
Total proppant used (lbs): <u>240000</u>	Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: <u>03/12/2014</u>	Hours: <u>24</u>	Bbl oil: <u>3</u>	Mcf Gas: <u>35</u>	Bbl H2O: <u>0</u>
Calculated 24 hour rate:	Bbl oil: <u>3</u>	Mcf Gas: <u>35</u>	Bbl H2O: <u>0</u>	GOR: <u>11667</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>640</u>	Tubing PSI: <u>300</u>	Choke Size: <u>064/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	Btu Gas: <u>1271</u>	API Gravity Oil: <u>57</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7077</u>	Tbg setting date: <u>02/07/2014</u>	Packer Depth: <u>7041</u>	
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.

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: _____ Email jonathan.runge@iptenergyservices.com
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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400596299	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)