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

COMPLETED INTERVAL REPORT

DE	ET	OE	ES

Document Number: 400777271

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: 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: PAUL GOTTLOB
Phone: (720) 420-5747
Fax:
Email: paul.gottlob@iptenergyservices.com

5. API Number 05-123-34767-00
6. County: WELD
7. Well Name: Walton
Well Number: 17-25
8. Location: QtrQtr: SENE Section: 25 Township: 7N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: SHUT IN Treatment Type:

Treatment Date: End Date: Date of First Production this formation:

Perforations Top: 7406 Bottom: 7425 No. Holes: 76 Hole size:

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: 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: test Niobrara

Date formation Abandoned: 11/23/2014 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt

** Bridge Plug Depth: 7390 ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/25/2014 End Date: 11/26/2014 Date of First Production this formation: 12/02/2014

Perforations Top: 7097 Bottom: 7331 No. Holes: 220 Hole size: 0.42

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

Frac Nio C w/ 4473 bbls FR water & 98,900 lbs 30/50 sand; frac Nio B w/ 6375 bbls FR water & 178,080 lbs 30/50 sand & frac Nio A w/ 4181 bbls FR water & 107,000 lbs 30/50 sand

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

Total fluid used in treatment (bbl): 15029 Max pressure during treatment (psi): 5600

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: Min frac gradient (psi/ft): 0.96

Total acid used in treatment (bbl): 72 Number of staged intervals: 3

Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 2080

Fresh water used in treatment (bbl): 14957 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 383980 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 12/10/2014 Hours: 24 Bbl oil: 2 Mcf Gas: 126 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 2 Mcf Gas: 126 Bbl H2O: 0 GOR: 60788

Test Method: flowing Casing PSI: 700 Tubing PSI: Choke Size: 14

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1332 API Gravity Oil: 45

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: PAUL GOTTLOB

Title: REG & ENG TECH Date: Email: paul.gottlob@iptenergyservices.com

Attachment Check List

Att Doc Num	Name
400779209	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)