

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400777391

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

5. API Number 05-123-34765-00 6. County: WELD 7. Well Name: Walton 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: 7434 Bottom: 7450 No. Holes: 64 Hole size: Provide a brief summary of the formation treatment: Open Hole: This formation is commingled with another formation: 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: 12/04/2014 Squeeze: Yes No If yes, number of sacks cmt ** Bridge Plug Depth: 7410 ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/26/2014 End Date: 11/26/2014 Date of First Production this formation: 12/09/2014

Perforations Top: 7119 Bottom: 7336 No. Holes: 184 Hole size: 4 + 2/100

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

Frac Nio C w/ 4448 bbls FR water & 99,068 lbs 30/50 sand; frac Nio B w/ 6556 bbls FR water & 179,263 lbs 30/50 sand & frac Nio A w/ 4202 bbls FR water & 100,125 lbs 30/50 sand

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 15206 Max pressure during treatment (psi): 5516

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): 1510

Fresh water used in treatment (bbl): 15134 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 378456 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: 1 Mcf Gas: 174 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 1 Mcf Gas: 174 Bbl H2O: 0 GOR: 13884

Test Method: flowing Casing PSI: 1200 Tubing PSI: 0 Choke Size: 1

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

Attachment Check List

Table with 2 columns: Att Doc Num, Name. Row 1: 400779198, WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)