

FORM 5A Rev 02/08	State of Colorado Oil and Gas Conservation Commission 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 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: <div style="text-align: center; border: 1px solid black; padding: 5px;">2592485</div>				
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>6720</u>	4. Contact Name: <u>HABIB GUERRERO</u>
2. Name of Operator: <u>BAYLESS PRODUCER LLC* ROBERT L</u>	Phone: <u>(505) 326-2659</u>
3. Address: <u>621 17TH ST STE 2300</u>	Fax: <u>(505) 326-6911</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80293</u>	

5. API Number <u>05-103-11781-00</u>	6. County: <u>RIO BLANCO</u>
7. Well Name: <u>Weaver Ridge</u>	Well Number: <u>13-9 H</u>
8. Location: QtrQtr: <u>NESE</u> Section: <u>13</u> Township: <u>1S</u> Range: <u>104W</u> Meridian: <u>6</u>	
9. Field Name: <u>BANTA RIDGE</u> Field Code: <u>5200</u>	

Completed Interval

FORMATION: <u>MANCOS B</u>	Status: <u>WAITING ON COMPLETION</u>
Treatment Date: _____	Date of First Production this formation: _____
Perforations Top: _____ Bottom: _____	No. Holes: _____ Hole size: _____
Provide a brief summary of the formation treatment: _____	Open Hole: <input checked="" type="checkbox"/>
<u>6 1/8" LATERAL HOLE FROM 4897 FT TO 7481 FT.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____	
Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____	
Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____	
Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>4647</u> Tbg setting date: <u>12/29/2010</u> Packer Depth: _____	
Reason for Non-Production: _____	
<u>WAITING ON PIPELINE HOOK UP AND PUMPING UNIT.</u>	
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: _____

Comment: _____

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: HABIB GUERRERO

Title: OPERATIONS ENGINEER Date: 1/5/2011 Email: HGUERRERO@RLBAYLESS.COM

Attachment Check List

Att Doc Num	Name
2592485	FORM 5A SUBMITTED
2592486	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)