

<b>FORM 5A</b> Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 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				
<b>COMPLETED INTERVAL REPORT</b>			Document Number:  <div style="text-align: center; border: 1px solid black; padding: 5px;">1634567</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>10261</u>	4. Contact Name: <u>DON BARBULA</u>
2. Name of Operator: <u>BAYSWATER EXPLORATION AND PRODUCTION LL</u>	Phone: <u>(303) 893-2503</u>
3. Address: <u>730 17TH ST STE 610</u>	Fax: <u>(303) 893-2508</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-123-32026-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Meyring</u>	Well Number: <u>14-27</u>
8. Location: QtrQtr: <u>SESW</u> Section: <u>27</u> Township: <u>7N</u> Range: <u>65W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

<u>Completed Interval</u>	
FORMATION: <u>CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>12/04/2010</u>	Date of First Production this formation: <u>12/08/2010</u>
Perforations Top: <u>7137</u> Bottom: <u>7151</u>	No. Holes: <u>56</u> Hole size: <u>40/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
FRACTURE STIMULATED CODELL DOWN CASING WITH 204,900 GAL SLICKWATER AND 114,000 # 30/50 SAND	
This formation is commingled with another formation:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Test Information:</b>	
Date: <u>12/08/2010</u> Hours: <u>24</u>	Bbls oil: <u>115</u> Mcf Gas: <u>118</u> Bbls H2O: <u>106</u>
Calculated 24 hour rate:	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: <u>1026</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>250</u> Tubing PSI: <u>0</u> Choke Size: <u>15/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u> BTU Gas: <u>1376</u> API Gravity Oil: <u>45</u>
Tubing Size: _____ Tubing Setting Depth: _____	Tbg setting date: _____ Packer Depth: _____
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: _____

Comment:

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

Signed: \_\_\_\_\_ Print Name: DON W BARBULA

Title: SR VP-OPERATIONS Date: 3/7/2011 Email: DBARBULA@BAYWATER.US

**Attachment Check List**

Att Doc Num	Name
1634567	FORM 5A SUBMITTED
1634568	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

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

Total: 0 comment(s)