

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



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Document Number:

2587972

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

4. Contact Name: KEVIN KANE

2. Name of Operator: BAYSWATER EXPLORATION AND PRODUCTION

Phone: (303) 893-2503

3. Address: 730 17TH ST STE 610

Fax: (303) 893-2508

City: DENVER State: CO Zip: 80202

5. API Number 05-123-29427-00

6. County: WELD

7. Well Name: J&L FARMS

Well Number: 22-20

8. Location: QtrQtr: SENW Section: 20 Township: 6N Range: 63W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA

Status: PRODUCING

Treatment Date: 12/30/2010

Date of First Production this formation: 01/05/2011

Perforations Top: 6640 Bottom: 6670 No. Holes: 120 Hole size: 42/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

RECOMPLETED WELL TO NIOBRARA. SET CIBP OVER CODELL @ 6730'. PERF NIOBRARA 4 SPF. FRACTURE STIMULATED NIOBRARA WITH 215,013 GAL SLICKWATER AND 120,100 # 40/70 SAND.

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

Test Information:

Date: 01/15/2011 Hours: 24 Bbls oil: 12 Mcf Gas: 19 Bbls H2O: 1

Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR: 1583

Test Method: FLOWING Casing PSI: 1175 Tubing PSI: 1200 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1249 API Gravity Oil: 46

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6628 Tbg setting date: 02/18/2011 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:

Comment:

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

Signed: Print Name: KEVIN KANE

Title: OPERATIONS MANAGER Date: 8/8/2011 Email: KKANE@BAYSWATER.US

### Attachment Check List

Att Doc Num	Name
2587972	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

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

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