

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:

2587969

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: KEVIN KANE
Phone: (303) 893-2503
Fax: (303) 893-2508

5. API Number 05-123-32196-00
6. County: WELD
7. Well Name: LDS Well Number: 5-28
8. Location: QtrQtr: SWNW Section: 28 Township: 7N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING

Treatment Date: 01/29/2011 Date of First Production this formation: 02/18/2011
Perforations Top: 7219 Bottom: 7232 No. Holes: 52 Hole size: 40/100

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

FRACTURE STIMULATED CODELL DOWN CASING WITH 196,753 GAL SLICKWATER AND 150,260# 30/50 SAND.

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

Test Information:

Date: 02/26/2011 Hours: 24 Bbls oil: 76 Mcf Gas: 64 Bbls H2O: 8
Calculated 24 hour rate: Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: 842
Test Method: FLOWING Casing PSI: 1250 Tubing PSI: _____ Choke Size: 14/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1185 API Gravity Oil: 44
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: _____

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: 8/4/2011 Email: KKANE@BAYSWATER.US

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 2587969 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|----------------|---------------------|
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Total: 0 comment(s)