

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:

2587971

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 05-123-26423-00

6. County: WELD

7. Well Name: KAISER

Well Number: 41-10

8. Location: QtrQtr: NENE Section: 10 Township: 6N Range: 65W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL

Status: PRODUCING

Treatment Date: 11/13/2010

Date of First Production this formation: 12/10/2007

Perforations	Top:	7174	Bottom:	7188	No. Holes:	56	Hole size:	40/100
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Provide a brief summary of the formation treatment:

Open Hole:

REPERFORATED CODELL, 4 SPF, FRACTURE STIMULATED WITH 204,932 GAL SLICKWATER AND 120,420# 30/50 SAND.

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

Test Information:

Date:	12/15/2010	Hours:	24	Bbbs oil:	7	Mcf Gas:	40	Bbbs H2O:	3
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Calculated 24 hour rate:	Bbls oil:	Mcf Gas:	Bbls H2O:	GOR: 5714
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Test Method: FLOWING	Casing PSI: 1250	Tubing PSI: 1200	Choke Size: 20/64
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Gas Disposition:	SOLD	Gas Type:	WET	BTU Gas:	1386	API Gravity Oil:	51
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Tubing Size: 2 + 3/8 Tubing Setting Depth: 7164 Tbg setting date: 11/15/2010 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
2587971	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)