

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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
4. Contact Name: KEVIN KANE
Phone: (303) 893-2503
Fax: (303) 893-2508
City: DENVER State: CO Zip: 80202

5. API Number 05-123-26425-00
6. County: WELD
7. Well Name: KAISER
Well Number: 42-10
8. Location: QtrQtr: SENE Section: 10 Township: 6N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING
Treatment Date: 11/19/2010 Date of First Production this formation: 12/11/2007
Perforations Top: 7142 Bottom: 7158 No. Holes: 64 Hole size: 40/100
Provide a brief summary of the formation treatment: REPERFORATED CODELL, 4 SPF, FRACTURE STIMULATED WITH 196,728 GAL SLICKWATER AND 122,100# 30/50 SAND.
This formation is commingled with another formation: No
Test Information:
Date: 12/15/2010 Hours: 24 Bbls oil: 7 Mcf Gas: 40 Bbls H2O: 3
Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR: 5714
Test Method: FLOWING Casing PSI: 1250 Tubing PSI: 1250 Choke Size: 20/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1386 API Gravity Oil: 51
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7127 Tbg setting date: 11/23/2010 Packer Depth:
Reason for Non-Production:
Date formation Abandoned: Squeeze: 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
2587966	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)