

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



DE	ET	OE	ES
----	----	----	----

Document Number:

2588370

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) 293-2508

5. API Number 05-123-32636-00  
6. County: WELD  
7. Well Name: NOCO ENERGIE  
Well Number: 3-3  
8. Location: QtrQtr: NENW Section: 3 Township: 6N Range: 65W Meridian: 6  
9. Field Name: EATON Field Code: 19350

**Completed Interval**

FORMATION: CODELL Status: PRODUCING

Treatment Date: 03/13/2011 Date of First Production this formation: 04/03/2011  
Perforations Top: 7155 Bottom: 7172 No. Holes: 68 Hole size: 40/100

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

FRACTURED STIMULATED CODELL DOWN CASING WITH 213,150 GAL SLICKWATER AND 151,180# 30/50 SAND

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

**Test Information:**

Date: 04/28/2011 Hours: 24 Bbls oil: 183 Mcf Gas: 239 Bbls H2O: 2  
Calculated 24 hour rate: Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_ GOR: 1306  
Test Method: FLOWING Casing PSI: 1525 Tubing PSI: \_\_\_\_\_ Choke Size: 14/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1252 API Gravity Oil: 49  
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 F KANE

Title: OPERATIONS MGR Date: 8/29/2011 Email: KKANE@BAYSWATER.US

:

### Attachment Check List

Att Doc Num	Name
2588370	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)