

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:

2588368

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 05-123-32635-00  
6. County: WELD  
7. Well Name: NOCO ENERGIE  
Well Number: 6-3  
8. Location: QtrQtr: NENW Section: 3 Township: 6N Range: 65W Meridian: 6  
9. Field Name: EATON Field Code: 19350

**Completed Interval**

FORMATION: <u>CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>03/13/2011</u>	Date of First Production this formation: <u>04/01/2011</u>
Perforations Top: <u>7217</u> Bottom: <u>7235</u>	No. Holes: <u>72</u> Hole size: <u>40/100</u>
Provide a brief summary of the formation treatment: <u>Open Hole: <input type="checkbox"/></u>	
<u>FRACTURE STIMULATED CODELL DOWN CASING WITH 267,372 GLA SLICKWATER AND 159,383# 30/50 SAND</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>04/09/2011</u> Hours: <u>24</u> Bbls oil: <u>126</u> Mcf Gas: <u>214</u> Bbls H2O: <u>5</u>	
Calculated 24 hour rate:	Bbls oil: <u>          </u> Mcf Gas: <u>          </u> Bbls H2O: <u>          </u> GOR: <u>1698</u>
Test Method: <u>FLOWING</u> Casing PSI: <u>950</u> Tubing PSI: <u>          </u> Choke Size: <u>14/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1252</u> API Gravity Oil: <u>49</u>	
Tubing Size: <u>          </u> Tubing Setting Depth: <u>          </u> Tbg setting date: <u>          </u> Packer Depth: <u>          </u>	
Reason for Non-Production: <u>          </u>	
Date formation Abandoned: <u>          </u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u>          </u>	
Bridge Plug Depth: <u>          </u> Sacks cement on top: <u>          </u>	

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
2588368	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)