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:

2588369

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 05-123-32646-00
6. County: WELD
7. Well Name: NOCO ENERGIE
Well Number: 4-3
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: 04/05/2011

Perforations Top: 7260 Bottom: 7279 No. Holes: 76 Hole size: 40/100

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

FRACTURED STIMULATED CODELL DOWN CASING WITH 222,503 GAL SLICKWATER AND 149,200# 30/50 SAND

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

Test Information:

Date: 04/30/2011 Hours: 24 Bbls oil: 156 Mcf Gas: 196 Bbls H2O: 16

Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR: 1256

Test Method: FLOWING Casing PSI: 1025 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
2588369	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)