

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:

2286608

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: <u>6720</u>	4. Contact Name: <u>HABIB GUERRERO</u>
2. Name of Operator: <u>BAYLESS PRODUCER LLC* ROBERT L</u>	Phone: <u>(505) 326-2659</u>
3. Address: <u>621 17TH ST STE 2300</u>	Fax: <u>(505) 326-6911</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80293</u>	

5. API Number <u>05-103-10577-00</u>	6. County: <u>RIO BLANCO</u>
7. Well Name: <u>HELLS HOLE</u>	Well Number: <u>6-14</u>
8. Location: QtrQtr: <u>SESW</u> Section: <u>6</u> Township: <u>2S</u> Range: <u>103W</u> Meridian: <u>6</u>	
9. Field Name: <u>HELLS HOLE CANYON</u> Field Code: <u>34175</u>	

Completed Interval

FORMATION: <u>DAKOTA</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>11/17/2006</u>	Date of First Production this formation: <u>11/24/2006</u>
Perforations Top: <u>7032</u> Bottom: <u>7096</u>	No. Holes: <u>70</u> Hole size: <u>34/100</u>
Provide a brief summary of the formation treatment: <u>Open Hole: <input type="checkbox"/></u>	
<u>70,000 GALS OF LIGHTNING 18 (GUAR-BORATE) X-LINKED GELLED FLUID WITH 30% NITROGEN ADDED CONTAINING 175,000 LBS OF 20/40 SAND.</u>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:	
Date: _____ Hours: _____	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: _____	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
Test Method: _____	Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u> BTU Gas: _____ API Gravity Oil: _____
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7110</u> Tbg setting date: <u>12/15/2011</u> Packer Depth: _____
Reason for Non-Production: _____	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____	
Bridge Plug Depth: _____ Sacks cement on top: _____	

FORMATION: <u>MANCOS B</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>10/13/2008</u>	Date of First Production this formation: <u>10/28/2008</u>
Perforations Top: <u>4030</u> Bottom: <u>4231</u>	No. Holes: <u>44</u> Hole size: <u>34/100</u>
Provide a brief summary of the formation treatment: <u>Open Hole: <input type="checkbox"/></u>	
<u>4030'-4129' INTERVAL: 1000 GAL 7 1/2% HCL ACID, 101,013 GAL OF HYBRID 18# DELTA 140 GELLED FLUID AND 100,000 LBS 20/40 SAND.</u>	
<u>4154'-4231' INTERVAL: 1000 GAL 7 1/2% HCL ACID, 80,391 GAL OF HYBRID 18# DELTA 140 GELLED FLUID AND 85,000 LBS 20/40 SAND.</u>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:	
Date: <u>10/28/2008</u> Hours: <u>3</u>	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: <u>31</u>
Calculated 24 hour rate: _____	Bbls oil: <u>0</u> Mcf Gas: <u>0</u> Bbls H2O: <u>744</u> GOR: <u>0</u>
Test Method: <u>SWABBING</u>	Casing PSI: <u>5</u> Tubing PSI: _____ Choke Size: _____
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u> BTU Gas: <u>0</u> API Gravity Oil: <u>0</u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7110</u> Tbg setting date: <u>12/15/2011</u> Packer Depth: _____
Reason for Non-Production: _____	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: HABIB GUERRERO

Title: OPERATIONS ENGINEER

Date: 12/19/2011

Email : HGUERRERO@RLBAYLESS.COM

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)