

FORM  
5A

Rev  
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

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Date Received:

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

4. Contact Name: CLAYTON DOKE

2. Name of Operator: BAYSWATER EXPLORATION AND PRODUCTION

Phone: (970) 669-7411

3. Address: 730 17TH ST STE 610

Fax: (970) 669-4077

City: DENVER State: CO Zip: 80202

5. API Number 05-123-34537-00

6. County: WELD

7. Well Name: Booth

Well Number: 10-26

8. Location: QtrQtr: NWNE Section: 35 Township: 7N Range: 65W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL

Status: PRODUCING

Treatment Date: 12/10/2011

Date of First Production this formation: 02/08/2012

Perforations Top: 7474 Bottom: 7488 No. Holes: 56 Hole size: 042/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

Slickwater, 271,756 gals, (175,182 gals SLF), 183,240 lbs 30/50 White

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

Test Information:

Date: 02/29/2012 Hours: 10 Bbls oil: 94 Mcf Gas: 87 Bbls H2O: 4

Calculated 24 hour rate: Bbls oil: 226 Mcf Gas: 209 Bbls H2O: 10 GOR: 926

Test Method: Flowing Casing PSI: 1410 Tubing PSI: Choke Size: 012/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1253 API Gravity Oil: 46

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: Clayton Doke

Title: Consultant

Date:

Email: cdoke@petersonenergy.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)