

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with 4 columns: DE, ET, OE, ES

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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
2. Name of Operator: BAYSWATER EXPLORATION AND PRODUCTION
3. Address: 730 17TH ST STE 610
City: DENVER State: CO Zip: 80202
4. Contact Name: CLAYTON DOKE
Phone: (970) 669-7411
Fax: (970) 669-4077

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 [X] 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)