

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 05-123-34530-00
6. County: WELD
7. Well Name: Booth
Well Number: 20-26
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: 12/14/2011 Date of First Production this formation: 02/14/2012
Perforations Top: 7342 Bottom: 7360 No. Holes: 72 Hole size: 042/100
Provide a brief summary of the formation treatment: Open Hole: []
Slickwater, 271,547 gals, (174,594 gals SLF), 180,060 lbs 30/50 White
This formation is commingled with another formation: [] Yes [X] No
Test Information:
Date: 02/27/2012 Hours: 10 Bbls oil: 100 Mcf Gas: 94 Bbls H2O: 9
Calculated 24 hour rate: Bbls oil: 240 Mcf Gas: 226 Bbls H2O: 22 GOR: 940
Test Method: Flowing Casing PSI: 1890 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 Duke
Title: Consultant Date: Email cdoke@petersonenergy.com

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files

General Comments

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

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