

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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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: <u>CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>12/14/2011</u>	Date of First Production this formation: <u>02/14/2012</u>
Perforations Top: <u>7342</u> Bottom: <u>7360</u>	No. Holes: <u>72</u> Hole size: <u>042/100</u>
Provide a brief summary of the formation treatment: <u>Slickwater, 271,547 gals, (174,594 gals SLF), 180,060 lbs 30/50 White</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>02/27/2012</u> Hours: <u>10</u> Bbls oil: <u>100</u> Mcf Gas: <u>94</u> Bbls H2O: <u>9</u>	
Calculated 24 hour rate: Bbls oil: <u>240</u> Mcf Gas: <u>226</u> Bbls H2O: <u>22</u> GOR: <u>940</u>	
Test Method: <u>Flowing</u> Casing PSI: <u>1890</u> Tubing PSI: <u></u> Choke Size: <u>012/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1253</u> API Gravity Oil: <u>46</u>	
Tubing Size: <u></u> Tubing Setting Depth: <u></u> Tbg setting date: <u></u> Packer Depth: <u></u>	
Reason for Non-Production: <u></u>	
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u>	
Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>	

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)