

FORM
5A

Rev
06/12

State of Colorado
Oil and Gas Conservation Commission

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



DE ET OE ES

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, reoperation 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 05-123-34532-00
6. County: WELD
7. Well Name: Booth
Well Number: 15-26
8. Location: QtrQtr: NWNE Section: 35 Township: 7N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: FORT HAYS Status: PRODUCING Treatment Type: FRACTURE

Treatment Date: 12/13/2011 End Date: 12/13/2011 Date of First Production this formation: 02/04/2012

Perforations Top: 7282 Bottom: 7294 No. Holes: 48 Hole size: 042/100

Provide a brief summary of the formation treatment: Open Hole:

205,856 gals, 115,678 gals SLF, 101,220 lbs 30/50 White

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 4901 Max pressure during treatment (psi): 5327

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 0.25

Type of gas used in treatment: Number of staged intervals: 1

Total acid used in treatment (bbl): 25 Max frac gradient (psi/ft): 0.91

Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 4901

Fresh water used in treatment (bbl): 2147 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 101220 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: PIPELINE

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 02/08/2012 Hours: 12 Bbl oil: 112 Mcf Gas: 107 Bbl H2O: 26

Calculated 24 hour rate: Bbl oil: 224 Mcf Gas: 214 Bbl H2O: 52 GOR: 955

Test Method: Flowing Casing PSI: 1600 Tubing PSI: Choke Size: 012/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1220 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:

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE
 Treatment Date: 12/10/2011 End Date: 12/10/2011 Date of First Production this formation: 01/30/2012
 Perforations Top: 7003 Bottom: 7190 No. Holes: 188 Hole size: 042/100
 Provide a brief summary of the formation treatment: _____ Open Hole:

NBRR A- 154,456 gals, 82,866 gals SLF, 63,850 lbs 30/50 White
 NBRR B & C- 275,862 gals, 197,774 gals SLF, 180,720 lbs 30/50 White

This formation is commingled with another formation: Yes No
 Total fluid used in treatment (bbl): 10246 Max pressure during treatment (psi): 6130
 Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 0.25
 Type of gas used in treatment: _____ Number of staged intervals: 2
 Total acid used in treatment (bbl): 23 Max frac gradient (psi/ft): 1.00
 Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 10244
 Fresh water used in treatment (bbl): 3564 Disposition method for flowback: DISPOSAL
 Total proppant used (lbs): 244570 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: PIPELINE

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 02/11/2012 Hours: 12 Bbl oil: 112 Mcf Gas: 107 Bbl H2O: 26
 Calculated 24 hour rate: Bbl oil: 224 Mcf Gas: 214 Bbl H2O: 52 GOR: 955
 Test Method: Flowing Casing PSI: 1600 Tubing PSI: _____ Choke Size: 012/64
 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1220 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

User Group	Comment	Comment Date

Total: 0 comment(s)