

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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 05-123-34200-00
6. County: WELD
7. Well Name: Robel
Well Number: 12-28
8. Location: QtrQtr: NWSW Section: 28 Township: 7N Range: 64W Meridian: 6
9. Field Name: GALETON Field Code: 27930

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE

Treatment Date: 11/18/2011 End Date: 11/18/2011 Date of First Production this formation: 11/25/2011

Perforations Top: 7183 Bottom: 7197 No. Holes: 56 Hole size: 042/100

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

293,558 gals, 196,728 gals SLF, 180,760lbs 30/50 White

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): 6989 Max pressure during treatment (psi): 6353

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): Max frac gradient (psi/ft): 0.92

Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 6992

Fresh water used in treatment (bbl): 2305 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 180760 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: 12/21/2011 Hours: 20 Bbl oil: 100 Mcf Gas: 112 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 120 Mcf Gas: 134 Bbl H2O: 0 GOR: 1120

Test Method: Flowing Casing PSI: 1100 Tubing PSI: Choke Size: 012/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1354 API Gravity Oil: 44

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: 6/7/2012 Email: cdoke@petersonenergy.com
:

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400280339 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

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