

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



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Document Number:
400281075
Date Received:
06/07/2012

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

5. API Number 05-001-09518-00 6. County: ADAMS
 7. Well Name: NORTH YORK Well Number: 13-12
 8. Location: QtrQtr: SWSW Section: 12 Township: 1S Range: 68W Meridian: 6
 9. Field Name: SPINDLE Field Code: 77900

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/29/2011 End Date: 10/29/2011 Date of First Production this formation: _____
 Perforations Top: 8049 Bottom: 8064 No. Holes: 60 Hole size: 037/100

Provide a brief summary of the formation treatment: _____ Open Hole:
105029gals FR water,108206gals Super LpHZ ,154249gals SLF, 302,640lbs 30/50 5000lbs 20/40 SB ExcelWhite

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 5214 Max pressure during treatment (psi): 4889
 Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 0.25
 Type of gas used in treatment: _____ Max frac gradient (psi/ft): 0.84
 Total acid used in treatment (bbl): _____ Number of staged intervals: 1
 Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 5219
 Fresh water used in treatment (bbl): 2638 Disposition method for flowback: DISPOSAL
 Total proppant used (lbs): 307640 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: 11/30/2011 Hours: 24 Bbl oil: 10 Mcf Gas: 66 Bbl H2O: 8
 Calculated 24 hour rate: Bbl oil: 10 Mcf Gas: 66 Bbl H2O: 8 GOR: 6600
 Test Method: Flowing Casing PSI: 850 Tubing PSI: _____ Choke Size: 024/64
 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1334 API Gravity Oil: 43
 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: _____ ** Wireline and Cement Job Summary must be attached.

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
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Attachment Check List

Att Doc Num	Name
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Total Attach: Files

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