

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400262463 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 City: DENVER State: CO Zip: 80202 Fax: (970) 669-4077

5. API Number 05-123-34218-00 6. County: WELD
7. Well Name: Bears Well Number: 4-30
8. Location: QtrQtr: NWNW Section: 30 Township: 7N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/20/2011 End Date: 12/20/2011 Date of First Production this formation: 01/29/2012
Perforations Top: 7438 Bottom: 7448 No. Holes: 40 Hole size: 04/10

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

267,085 gals, (174,034 gals SLF), 173,000 lbs 30/50 White

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

Total fluid used in treatment (bbl): 6359 Max pressure during treatment (psi): 6365
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 0.25
Type of gas used in treatment: Max frac gradient (psi/ft): 0.93
Total acid used in treatment (bbl): 0 Number of staged intervals: 1
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 6474
Fresh water used in treatment (bbl): 2216 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 173000 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: 02/04/2012 Hours: 12 Bbl oil: 48 Mcf Gas: 25 Bbl H2O: 15
Calculated 24 hour rate: Bbl oil: 96 Mcf Gas: 50 Bbl H2O: 30 GOR: 521
Test Method: Flowing Casing PSI: 850 Tubing PSI: Choke Size: 012/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1210 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: 7520 ** Sacks cement on top: 2 ** 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
:

Attachment Check List

Att Doc Num	Name
400262463	FORM 5A SUBMITTED
400288792	WIRELINE JOB SUMMARY

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	No NCOM status. No records in production. Cory is handling.	8/17/2012 10:45:18 AM

Total: 1 comment(s)