

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



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 05-123-34762-00 6. County: WELD 7. Well Name: Hergert 8. Location: QtrQtr: NENE Section: 35 Township: 7N Range: 67W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 02/09/2012 End Date: 02/09/2012 Date of First Production this formation: 02/19/2012 Perforations Top: 7245 Bottom: 7266 No. Holes: 84 Hole size: 041/100

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

281,877 gals, (205,009 gals SLF), 181,395 lbs 30/50 White

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

Total fluid used in treatment (bbl): 6711 Max pressure during treatment (psi): 5788 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): 0.90 Total acid used in treatment (bbl): Number of staged intervals: 1 Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 6824 Fresh water used in treatment (bbl): 1830 Disposition method for flowback: DISPOSAL Total proppant used (lbs): 181395 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: 03/19/2012 Hours: 18 Bbl oil: 86 Mcf Gas: 93 Bbl H2O: 5 Calculated 24 hour rate: Bbl oil: 115 Mcf Gas: 124 Bbl H2O: 7 GOR: 1081 Test Method: Flowing Casing PSI: 1000 Tubing PSI: Choke Size: 012/64 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1220 API Gravity Oil: 42 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:

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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

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