

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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05/23/2012

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
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 05-123-34537-00
6. County: WELD
7. Well Name: Booth
Well Number: 10-26
8. Location: QtrQtr: NWNE Section: 35 Township: 7N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type:
Treatment Date: 12/10/2011 End Date: Date of First Production this formation: 02/08/2012
Perforations Top: 7474 Bottom: 7488 No. Holes: 56 Hole size: 042/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

Slickwater, 271,756 gals, (175,182 gals SLF), 183,240 lbs 30/50 White

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl):

Max pressure during treatment (psi):

Total gas used in treatment (mcf):

Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment:

Max frac gradient (psi/ft):

Total acid used in treatment (bbl):

Number of staged intervals:

Recycled water used in treatment (bbl):

Flowback volume recovered (bbl):

Fresh water used in treatment (bbl):

Disposition method for flowback:

Total proppant used (lbs):

Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 02/29/2012 Hours: 10 Bbl oil: 94 Mcf Gas: 87 Bbl H2O: 4
Calculated 24 hour rate: Bbl oil: 226 Mcf Gas: 209 Bbl H2O: 10 GOR: 926
Test Method: Flowing Casing PSI: 1410 Tubing PSI: Choke Size: 012/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1253 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: ** 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: 5/23/2012 Email cdoke@petersonenergy.com
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Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Received corrected DS and data from opr.	8/28/2012 4:25:42 PM
Permit	Form 5 DS and Survey data don't match. Opr notified and both forms are on hold.	5/23/2012 2:57:41 PM

Total: 2 comment(s)