

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 05-123-34530-00
6. County: WELD
7. Well Name: Booth
Well Number: 20-26
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: 12/14/2011 End Date: Date of First Production this formation: 02/14/2012
Perforations Top: 7342 Bottom: 7360 No. Holes: 72 Hole size: 042/100

Provide a brief summary of the formation treatment:

Open Hole: [ ]

Slickwater, 271,547 gals, (174,594 gals SLF), 180,060 lbs 30/50 White

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

Total fluid used in treatment (bbl):
Total gas used in treatment (mcf):
Type of gas used in treatment:
Total acid used in treatment (bbl):
Recycled water used in treatment (bbl):
Fresh water used in treatment (bbl):
Total proppant used (lbs):
Max pressure during treatment (psi):
Fluid density at initial fracture (lbs/gal):
Max frac gradient (psi/ft):
Number of staged intervals:
Flowback volume recovered (bbl):
Disposition method for flowback:
Rule 805 green completion techniques were utilized: [ ]

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 02/27/2012 Hours: 10 Bbl oil: 100 Mcf Gas: 94 Bbl H2O: 9
Calculated 24 hour rate: Bbl oil: 240 Mcf Gas: 226 Bbl H2O: 22 GOR: 940
Test Method: Flowing Casing PSI: 1890 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:

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
400262840	FORM 5A SUBMITTED

Total Attach: 1 Files

### **General Comments**

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

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