

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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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 05-123-34208-00 6. County: WELD
 7. Well Name: Irvine Well Number: 20-22
 8. Location: QtrQtr: NWSE Section: 22 Township: 7N Range: 64W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/11/2011 End Date: 10/11/2011 Date of First Production this formation: 11/19/2011
 Perforations Top: 7090 Bottom: 7100 No. Holes: 40 Hole size: 040/100

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

276,071 gals, 179,295 gals SLF, 180,040 lbs 30/50 White

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 6573 Max pressure during treatment (psi): 5367
 Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 0.25
 Type of gas used in treatment: _____ Min 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): 6573
 Fresh water used in treatment (bbl): 2304 Disposition method for flowback: DISPOSAL
 Total proppant used (lbs): 180040 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: 11/12/2011 Hours: 7 Bbl oil: 43 Mcf Gas: 13 Bbl H2O: 47
 Calculated 24 hour rate: Bbl oil: 147 Mcf Gas: 45 Bbl H2O: 161 GOR: 302
 Test Method: Flowing Casing PSI: 1290 Tubing PSI: _____ Choke Size: 012/64
 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1287 API Gravity Oil: 42
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7076 Tbg setting date: 11/08/2011 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
400280203	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)