

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
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 05-123-32186-00
6. County: WELD
7. Well Name: LDS
Well Number: 6-28
8. Location: QtrQtr: SENW Section: 28 Township: 7N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: SHUT IN Treatment Type:
Treatment Date: End Date: Date of First Production this formation:
Perforations Top: 7199 Bottom: 7213 No. Holes: 56 Hole size: 040/100
Provide a brief summary of the formation treatment: Open Hole: ☐
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: Min 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: Hours: Bbl oil: Mcf Gas: Bbl H2O:
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:
Test Method: Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:
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: 7188 ** Sacks cement on top: 1 ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/22/2011 End Date: 11/22/2011 Date of First Production this formation: 12/03/2011

Perforations Top: 7024 Bottom: 7047 No. Holes: 92 Hole size: 040/100

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

214,536 gals FR water, 161,490 gals SLF, 1000 gals HCL 15%, 150,300lbs 30/50 White

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

Total fluid used in treatment (bbl): 5108 Max pressure during treatment (psi): 5445

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): 0.94

Total acid used in treatment (bbl): 23 Number of staged intervals: 1

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 5132

Fresh water used in treatment (bbl): 1263 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 150300 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: 12/17/2011 Hours: 8 Bbl oil: 53 Mcf Gas: 80 Bbl H2O: 1

Calculated 24 hour rate: Bbl oil: 159 Mcf Gas: 240 Bbl H2O: 3 GOR: 1509

Test Method: Flowing Casing PSI: 1100 Tubing PSI: _____ Choke Size: 014/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1238 API Gravity Oil: 43

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7913 Tbg setting date: 01/23/2012 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

Attachment Check List

Att Doc Num	Name
400292267	WIRELINE JOB SUMMARY

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)