

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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Document Number:

400280213

Date Received:

06/07/2012

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 05-123-34203-00
6. County: WELD
7. Well Name: Wilson
Well Number: 3-26
8. Location: QtrQtr: NENW Section: 26 Township: 7N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/12/2011 End Date: 11/12/2011 Date of First Production this formation: 11/26/2011

Perforations Top: 7040 Bottom: 7053 No. Holes: 52 Hole size: 042/100

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

219,508 gals, 146,935 gals SLF, 1,000 gals 15% HCl acid, 152,280 lbs 30/50 White

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

Total fluid used in treatment (bbl): 5226 Max pressure during treatment (psi): 5268

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): 0.87

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

Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 5250

Fresh water used in treatment (bbl): 1728 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 152280 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: 12/10/2011 Hours: 24 Bbl oil: 148 Mcf Gas: 103 Bbl H2O: 11

Calculated 24 hour rate: Bbl oil: 148 Mcf Gas: 103 Bbl H2O: 11 GOR: 696

Test Method: Flowing Casing PSI: 1000 Tubing PSI: Choke Size: 012/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1298 API Gravity Oil: 43

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7027 Tbg setting date: 02/01/2012 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.

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: _____

Perforations Top: _____ Bottom: _____ No. Holes: _____ Hole size: _____

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: 12/10/2011 Hours: 24 Bbl oil: 148 Mcf Gas: 103 Bbl H2O: 11

Calculated 24 hour rate: Bbl oil: 148 Mcf Gas: 103 Bbl H2O: 11 GOR: 696

Test Method: flowing Casing PSI: 1000 Tubing PSI: _____ Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1298 API Gravity Oil: 43

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7027 Tbg setting date: 02/01/2012 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.

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: _____
 Treatment Date: 11/12/2011 End Date: _____ Date of First Production this formation: 11/26/2011
 Perforations Top: 6881 Bottom: 6956 No. Holes: 96 Hole size: 042/100
 Provide a brief summary of the formation treatment: _____ Open Hole: ☐

296,127 gals FR water, 203,097 gals SLF, 180,620 lbs 30/50 White

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

Total fluid used in treatment (bbl): 7051

Max pressure during treatment (psi): 5214

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): 7051

Fresh water used in treatment (bbl): 2215

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 180620

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: 12/10/2011 Hours: 24 Bbl oil: 148 Mcf Gas: 103 Bbl H2O: 11

Calculated 24 hour rate: Bbl oil: 148 Mcf Gas: 103 Bbl H2O: 11 GOR: 696

Test Method: Flowing Casing PSI: 1000 Tubing PSI: _____ Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1298 API Gravity Oil: 43

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7027 Tbg setting date: 02/01/2012 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
400280213	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
Permit	Well is a NB-CD producer per Jonathan at Peterson Energy. Made the change to reflect that on the 5A and informed Darla.	9/19/2012 2:36:05 PM

Total: 1 comment(s)