

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



DE ET OE ES

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Date Received:

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, reoperation 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: JONATHAN RUNGE
Phone: (970) 669-7411
Fax: (970) 669-4077

5. API Number 05-123-34733-00
6. County: WELD
7. Well Name: Cameron
Well Number: 19-15
8. Location: QtrQtr: NWSW Section: 15 Township: 7N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 02/13/2012 End Date: 02/13/2012 Date of First Production this formation: 05/06/2012
Perforations Top: 7238 Bottom: 7252 No. Holes: 56 Hole size: 042/100

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

275,971 gals, 199,035 gals SLF, 180,120 lbs 30/50 White

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 6571 Max pressure during treatment (psi): 5783
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 0.25
Type of gas used in treatment: Min frac gradient (psi/ft): 0.93
Total acid used in treatment (bbl): 0 Number of staged intervals: 1
Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 6572
Fresh water used in treatment (bbl): 4739 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 180120 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: 05/16/2012 Hours: 24 Bbl oil: 64 Mcf Gas: 47 Bbl H2O: 1
Calculated 24 hour rate: Bbl oil: 64 Mcf Gas: 47 Bbl H2O: 1 GOR: 734
Test Method: FLOWING Casing PSI: 1100 Tubing PSI: Choke Size: 012/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1283 API Gravity Oil: 41
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: Jonathan Runge

Title: Consultant Date: _____ Email: jrunge@petersonenergy.com
:

Attachment Check List

Att Doc Num	Name
400328863	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)