

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

5. API Number 05-123-34274-00 6. County: WELD 7. Well Name: Herrell 8. Location: QtrQtr: NENE Section: 22 Township: 7N Range: 66W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/30/2011 End Date: 11/30/2011 Date of First Production this formation: 05/17/2012 Perforations Top: 7444 Bottom: 7457 No. Holes: 52 Hole size: 040/100

Provide a brief summary of the formation treatment: Open Hole: [] 273,850 gals, (176,856 gals SLF), 180,160 lbs 30/50 White

This formation is commingled with another formation: [] Yes [X] No Total fluid used in treatment (bbl): 6520 Max pressure during treatment (psi): 5533 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): 0.98 Total acid used in treatment (bbl): 0 Number of staged intervals: 1 Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 6635 Fresh water used in treatment (bbl): 4211 Disposition method for flowback: DISPOSAL Total proppant used (lbs): 180160 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: 05/24/2012 Hours: 12 Bbl oil: 99 Mcf Gas: 79 Bbl H2O: 2 Calculated 24 hour rate: Bbl oil: 198 Mcf Gas: 158 Bbl H2O: 4 GOR: 797 Test Method: FLOWING Casing PSI: 1900 Tubing PSI: Choke Size: 012/64 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1224 API Gravity Oil: 42 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: 9/20/2012 Email jrunge@petersonenergy.com
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Attachment Check List

Att Doc Num	Name
400305478	FORM 5A SUBMITTED
400328822	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group **Comment** **Comment Date**

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