

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: JONATHAN RUNGE
 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 05-123-34753-00 6. County: WELD
 7. Well Name: Cameron Well Number: 13-15
 8. Location: QtrQtr: SWSW 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: 02/02/2012 End Date: 02/02/2012 Date of First Production this formation: 05/08/2012

Perforations Top: 7226 Bottom: 7242 No. Holes: 64 Hole size: 042/100

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

287,166 gals, 178,809 gals SLF, 180,100 lbs 30/50 White

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 6837 Max pressure during treatment (psi): 5978

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): 0 Flowback volume recovered (bbl): 6837

Fresh water used in treatment (bbl): 4257 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 180100 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: 24 Bbl oil: 107 Mcf Gas: 85 Bbl H2O: 2

Calculated 24 hour rate: Bbl oil: 107 Mcf Gas: 85 Bbl H2O: 2 GOR: 794

Test Method: FLOWING Casing PSI: 1230 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: 9/20/2012 Email jrunge@petersonenergy.com
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Attachment Check List

Att Doc Num	Name
400305627	FORM 5A SUBMITTED
400328861	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

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

Total: 0 comment(s)