

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:
400280431
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 4. Contact Name: CLAYTON DOKE
 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 05-123-34224-00 6. County: WELD
 7. Well Name: Kaiser Well Number: 17-10
 8. Location: QtrQtr: NENE Section: 10 Township: 6N Range: 65W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 01/26/2012 End Date: 01/26/2012 Date of First Production this formation: 02/19/2012
Perforations Top: 7296 Bottom: 7312 No. Holes: 64 Hole size: 040/100

Provide a brief summary of the formation treatment: Open Hole:
294,601 gallons, 180,380# 30/50 sand

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 7014 Max pressure during treatment (psi): 5711
 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): 7127
 Fresh water used in treatment (bbl): 2657 Disposition method for flowback: DISPOSAL
 Total proppant used (lbs): 180380 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: 03/04/2012 Hours: 10 Bbl oil: 62 Mcf Gas: 129 Bbl H2O: 23
 Calculated 24 hour rate: Bbl oil: 149 Mcf Gas: 310 Bbl H2O: 55 GOR: 2081
 Test Method: Flowing Casing PSI: 1300 Tubing PSI: _____ Choke Size: 012/64
 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1472 API Gravity Oil: 49
 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: Clayton Doke

Title: Consultant Date: 6/7/2012 Email: cdoke@petersonenergy.com
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Attachment Check List

Att Doc Num	Name
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Total Attach: Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Form 5 passed.	3/11/2013 2:04:25 PM
Permit	On hold for logs on form 5.	10/11/2012 1:47:10 PM

Total: 2 comment(s)