

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



Table with columns DE, ET, OE, ES

Document Number: 2430829

Date Received: 10/03/2013

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: 10234
2. Name of Operator: BAYHORSE PETROLEUM LLC
3. Address: 2558 E PORTSMOUTH AVE
City: SALT LAKE CITY State: UT Zip: 84121
4. Contact Name: LARRY F MANIKOWSKI
Phone: (801) 913-1640
Fax: (888) 759-3730

5. API Number 05-061-06838-00
6. County: KIOWA
7. Well Name: TRADE WINDS
Well Number: 1-28
8. Location: QtrQtr: NWNE Section: 28 Township: 18S Range: 47W Meridian: 6
9. Field Name: LEFT HAND Field Code: 48880

Completed Interval

FORMATION: MARMATON Status: PRODUCING Treatment Type:
Treatment Date: 07/30/2013 End Date: 07/31/2013 Date of First Production this formation:
Perforations Top: 4282 Bottom: 4284 No. Holes: 8 Hole size: 42/100
Provide a brief summary of the formation treatment: Open Hole: []

NO FORMATION RECOVERY

This formation is commingled with another formation: [] Yes [X] No
Total fluid used in treatment (bbl): 40 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): 40 Disposition method for flowback:
Total proppant used (lbs): Rule 805 green completion techniques were utilized: [X]
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:
Test Method: Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:
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:

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I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: LARRY F MANIKOWSKI

Title: VP/CFO Date: 8/30/2013 Email LFMANSKI@AOL.COM
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
2430829	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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