

FORM 5A Rev 02/08	State of Colorado Oil and Gas Conservation Commission 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
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COMPLETED INTERVAL REPORT			Document Number: <div style="text-align: center; font-weight: bold;">1634574</div>				

1. OGCC Operator Number: <u>10261</u>	4. Contact Name: <u>DON BARBULA</u>
2. Name of Operator: <u>BAYSWATER EXPLORATION AND PRODUCTION LL</u>	Phone: <u>(303) 893-2503</u>
3. Address: <u>730 17TH ST STE 610</u>	Fax: <u>(303) 893-2508</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-123-32136-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>MOJACK</u>	Well Number: <u>1-28</u>
8. Location: QtrQtr: <u>NENE</u> Section: <u>28</u> Township: <u>7N</u> Range: <u>64W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>11/27/2010</u>	Date of First Production this formation: <u>12/05/2010</u>
Perforations Top: <u>7143</u> Bottom: <u>7158</u>	No. Holes: <u>60</u> Hole size: <u>40/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>FRACTURE STIMULATED CODELL DOWN CASING WITH 266,600 GLA SLICKWATER AND 150,900# 30/50 SAND</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>12/07/2010</u> Hours: <u>24</u>	Bbls oil: <u>51</u> Mcf Gas: <u>44</u> Bbls H2O: <u>3</u>
Calculated 24 hour rate:	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: <u>863</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>250</u> Tubing PSI: <u>0</u> Choke Size: <u>16/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u> BTU Gas: <u>1281</u> API Gravity Oil: <u>45</u>
Tubing Size: _____ Tubing Setting Depth: _____	Tbg setting date: _____ Packer Depth: _____
Reason for Non-Production:	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: _____	Sacks cement on top: _____

Comment:

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

Signed: _____ Print Name: DONALD W BARBULA

Title: SR VP-OPERATIONS Date: 3/7/2011 Email: DBARBULA@BAYWATER.US

Attachment Check List

Att Doc Num	Name
1634574	FORM 5A SUBMITTED
1634575	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)