

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



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Document Number:

2588362

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: KEVIN KANE  
Phone: (303) 893-2503  
Fax: (303) 293-2508

5. API Number 05-123-32205-00  
6. County: WELD  
7. Well Name: G & D Hanks  
Well Number: 20-27  
8. Location: QtrQtr: SWSE Section: 27 Township: 7N Range: 66W Meridian: 6  
9. Field Name: EATON Field Code: 19350

Completed Interval

FORMATION: CODELL Status: PRODUCING  
Treatment Date: 04/17/2011 Date of First Production this formation: 04/28/2011  
Perforations Top: 7440 Bottom: 7454 No. Holes: 56 Hole size: 40/100  
Provide a brief summary of the formation treatment: Open Hole: ☐  
FRACTURE STIMULATED CODELL DOWN CASING WITH 268,781 GAL SLICKWATER AND 172,400# 30/50 SAND  
This formation is commingled with another formation: ☐ Yes ☒ No  
Test Information:  
Date: 05/07/2011 Hours: 24 Bbls oil: 138 Mcf Gas: 134 Bbls H2O: 5  
Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR: 971  
Test Method: FLOWING Casing PSI: 1500 Tubing PSI: Choke Size: 14/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1287 API Gravity Oil: 45  
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:

Comment:

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

Signed: Print Name: KEVIN F KANE

Title: OPERATIONS MGR Date: 8/29/2011 Email: KKANE@BAYSWATER.US

### Attachment Check List

Att Doc Num	Name
2588362	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)