

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:

2588372

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 05-123-32267-00  
6. County: WELD  
7. Well Name: Walker-Shands  
Well Number: 18-18  
8. Location: QtrQtr: NENW Section: 18 Township: 6N Range: 66W Meridian: 6  
9. Field Name: BRACEWELL Field Code: 7487

Completed Interval

FORMATION: CODELL	Status: PRODUCING
Treatment Date: 03/27/2011	Date of First Production this formation: 04/19/2011
Perforations Top: 7341 Bottom: 7360	No. Holes: 76 Hole size: 40/100
Provide a brief summary of the formation treatment: Open Hole: <input type="checkbox"/>	
FRACTURE STIMULATED CODELL SOWN CASING WITH 204,922 GAL SLICKWATER AND 145,346# 30/50 SAND.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: 04/19/2011 Hours: 24	Bbls oil: 166 Mcf Gas: 173 Bbls H2O: 5
Calculated 24 hour rate:	Bbls oil: Mcf Gas: Bbls H2O: GOR: 1042
Test Method: FLOWING	Casing PSI: 1400 Tubing PSI: Choke Size: 14/64
Gas Disposition: SOLD	Gas Type: WET BTU Gas: 1285 API Gravity Oil: 45
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: KEVIN F KANE

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

### Attachment Check List

Att Doc Num	Name
2588372	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)