

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



DE	ET	OE	ES
----	----	----	----

COMPLETED INTERVAL REPORT

Document Number:
2286669

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: <u>10234</u>	4. Contact Name: <u>ROD VAUGHN</u>
2. Name of Operator: <u>BAYHORSE PETROLEUM LLC</u>	Phone: <u>(435) 752-2021</u>
3. Address: <u>2558 E PORTSMOUTH AVE</u>	Fax: <u>(435) 752-2021</u>
City: <u>SALT LAKE CITY</u> State: <u>UT</u> Zip: <u>84121</u>	

5. API Number <u>05-061-06865-00</u>	6. County: <u>KIOWA</u>
7. Well Name: <u>TRADE WINDS</u>	Well Number: <u>2-21</u>
8. Location: QtrQtr: <u>SWSE</u> Section: <u>21</u> Township: <u>18S</u> Range: <u>47W</u> Meridian: <u>6</u>	
9. Field Name: <u>LEFT HAND</u> Field Code: <u>48880</u>	

Completed Interval

FORMATION: CHEROKEE Status: ABANDONED

Treatment Date: 11/21/2011 Date of First Production this formation: _____

Perforations Top: 4365 Bottom: 4375 No. Holes: 40 Hole size: 42/100

Provide a brief summary of the formation treatment: _____ Open Hole:

1ST TREATMENT: 500 GAL 15% MCA
2ND TREATMENT: 1100 GAL 15% MCA

This formation is commingled with another formation: Yes No

Test Information:

Date: 11/21/2011 Hours: 12 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 9

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 18 GOR: _____

Test Method: SWAB Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: 1 API Gravity Oil: 1

Tubing Size: 2 + 3/8 Tubing Setting Depth: 4363 Tbg setting date: 11/19/2011 Packer Depth: _____

Reason for Non-Production: _____

TIGHT & WET

Date formation Abandoned: 11/22/2011 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: MARMATON Status: PRODUCING

Treatment Date: 11/22/2011 Date of First Production this formation: 11/22/2011

Perforations Top: 4272 Bottom: 4278 No. Holes: 24 Hole size: 42/100

Provide a brief summary of the formation treatment: _____ Open Hole:

NONE.

This formation is commingled with another formation: Yes No

Test Information:

Date: 11/22/2011 Hours: 8 Bbls oil: 20 Mcf Gas: 0 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 60 Mcf Gas: 0 Bbls H2O: 0 GOR: _____

Test Method: SWAB Casing PSI: 305 Tubing PSI: 180 Choke Size: _____

Gas Disposition: FLARED Gas Type: DRY BTU Gas: 1227 API Gravity Oil: 37

Tubing Size: 2 + 3/8 Tubing Setting Depth: 4355 Tbg setting date: 11/22/2011 Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 4360 Sacks cement on top: _____

Comment: _____
FORM 5 DOCUMENT # 2286670

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

Signed: _____ Print Name: RODNEY L. VAUGHN

Title: PRESIDENT

Date: 12/26/2011

Email: RLVAUGHN47@GMAIL.COM

Attachment Check List

Att Doc Num	Name
2286669	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Data Entry	CHEROKEE FORMATION: BTU GAS IS REQUIRED ENTRY IF MCF GAS IS ENTERED; API GRAVITY IS REQUIRED FIELD IF BBLs OIL IS ENTERED.	1/19/2012 9:25:14 AM

Total: 1 comment(s)