

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
----	----	----	----

Document Number:

2286669

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

4. Contact Name: ROD VAUGHN

2. Name of Operator: BAYHORSE PETROLEUM LLC

Phone: (435) 752-2021

3. Address: 2558 E PORTSMOUTH AVE

Fax: (435) 752-2021

City: SALT LAKE CITY State: UT Zip: 84121

5. API Number 05-061-06865-00

6. County: KIOWA

7. Well Name: TRADE WINDS

Well Number: 2-21

8. Location: QtrQtr: SWSE Section: 21

Township: 18S

Range: 47W

Meridian: 6

9. Field Name: LEFT HAND

Field Code: 48880

### Completed Interval

FORMATION: CHEROKEEStatus: ABANDONEDTreatment 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% MCAThis formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 11/21/2011 Hours: 12 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 9Calculated 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: 1Tubing Size: 2 + 3/8 Tubing Setting Depth: 4363 Tbg setting date: 11/19/2011 Packer Depth: \_\_\_\_\_

Reason for Non-Production:

TIGHT & WETDate formation Abandoned: 11/22/2011 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt \_\_\_\_\_

Bridge Plug Depth: \_\_\_\_\_ Sacks cement on top: \_\_\_\_\_

FORMATION: MARMATONStatus: PRODUCINGTreatment Date: 11/22/2011Date of First Production this formation: 11/22/2011Perforations 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: 0Calculated 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: 37Tubing 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**

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