

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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Date Received:

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, reoperation 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: CLAYTON DOKE Phone: (970) 669-7411 Fax: (970) 669-4077

5. API Number 05-123-34745-00 6. County: WELD 7. Well Name: Bosworth-Bailey 8. Location: QtrQtr: SESE Section: 31 Township: 7N Range: 66W Meridian: 6 9. Field Name: EATON Field Code: 19350

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/12/2012 End Date: 03/12/2012 Date of First Production this formation: 04/08/2012 Perforations Top: 7568 Bottom: 7583 No. Holes: 60 Hole size: 042/100

Provide a brief summary of the formation treatment: Open Hole: []

274,456 gals, 176,943 gals SLF, 179,900 lbs 30/50 White

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): 6535 Max pressure during treatment (psi): 5610 Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 0.25 Type of gas used in treatment: Number of staged intervals: 1 Total acid used in treatment (bbl): Max frac gradient (psi/ft): 0.94 Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 6534 Fresh water used in treatment (bbl): 2322 Disposition method for flowback: DISPOSAL Total proppant used (lbs): 179900 Rule 805 green completion techniques were utilized: []

Reason why green completion not utilized: PIPELINE

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 04/22/2012 Hours: 12 Bbl oil: 132 Mcf Gas: 138 Bbl H2O: 4 Calculated 24 hour rate: Bbl oil: 264 Mcf Gas: 276 Bbl H2O: 8 GOR: 1046 Test Method: Flowing Casing PSI: 2025 Tubing PSI: Choke Size: 012/64 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1323 API Gravity Oil: 44 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:

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

Signed: _____ Print Name: JONATHAN RUNGE

Title: Consultant Date: _____ Email jrunge@petersonenergy.com
:

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

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

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