

FORM
5A

Rev
06/12

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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06/07/2012

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

5. API Number 05-123-34201-00
6. County: WELD
7. Well Name: Robel
Well Number: 19-28
8. Location: QtrQtr: NWSW Section: 28 Township: 7N Range: 64W Meridian: 6
9. Field Name: GALETON Field Code: 27930

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/18/2011 End Date: 11/18/2011 Date of First Production this formation: 12/01/2011

Perforations Top: 7104 Bottom: 7118 No. Holes: 56 Hole size: 042/100

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

213,990 gals, 147,084 gals SLF, 150,400 lbs 30/50 White

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 5095

Max pressure during treatment (psi): 5598

Total gas used in treatment (mcf):

Fluid density at initial fracture (lbs/gal): 0.25

Type of gas used in treatment:

Max frac gradient (psi/ft): 0.93

Total acid used in treatment (bbl):

Number of staged intervals: 1

Recycled water used in treatment (bbl):

Flowback volume recovered (bbl): 5095

Fresh water used in treatment (bbl): 1593

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 150400

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: 12/14/2011 Hours: 10 Bbl oil: 50 Mcf Gas: 52 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 120 Mcf Gas: 125 Bbl H2O: 0 GOR: 1040

Test Method: Flowing Casing PSI: 975 Tubing PSI: Choke Size: 012/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1354 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: ** Wireline and Cement Job Summary must be attached.

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: Clayton Doke

Title: Consultant Date: 6/7/2012 Email cdoke@petersonenergy.com
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Attachment Check List

Att Doc Num	Name
400280352	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)