

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400280065 Date Received: 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 05-123-34197-00 6. County: WELD 7. Well Name: Irvine 8. Location: QtrQtr: SWSE Section: 22 Township: 7N Range: 64W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/11/2011 End Date: 10/11/2011 Date of First Production this formation: 11/07/2011 Perforations Top: 7123 Bottom: 7133 No. Holes: 40 Hole size: 040/100

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

216,990 gals, 150,194 gals SLF, 150,320 lbs 30/50 White

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

Total fluid used in treatment (bbl): 5166 Max pressure during treatment (psi): 5403 Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 0.25 Type of gas used in treatment: Min frac gradient (psi/ft): 0.92 Total acid used in treatment (bbl): Number of staged intervals: 1 Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 5167 Fresh water used in treatment (bbl): 1590 Disposition method for flowback: DISPOSAL Total proppant used (lbs): 150320 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: 12/20/2011 Hours: 5 Bbl oil: 32 Mcf Gas: 17 Bbl H2O: 46 Calculated 24 hour rate: Bbl oil: 154 Mcf Gas: 82 Bbl H2O: 221 GOR: 531 Test Method: Flowing Casing PSI: 950 Tubing PSI: Choke Size: 012/64 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1287 API Gravity Oil: 42 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7110 Tbg setting date: 11/07/2011 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:

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
:

Attachment Check List

Att Doc Num	Name
400280065	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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