

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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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 05-123-29148-00
6. County: WELD
7. Well Name: MILNE
Well Number: 34-18
8. Location: QtrQtr: SWSE Section: 18 Township: 6N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: SHUT IN Treatment Type:
Treatment Date: End Date: Date of First Production this formation:
Perforations Top: 7090 Bottom: 7106 No. Holes: 64 Hole size: 040/100
Provide a brief summary of the formation treatment: Open Hole: ☐
This formation is commingled with another formation: ☐ Yes ☒ No
Total fluid used in treatment (bbl): Max pressure during treatment (psi):
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):
Type of gas used in treatment: Min frac gradient (psi/ft):
Total acid used in treatment (bbl): Number of staged intervals:
Recycled water used in treatment (bbl): Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): Disposition method for flowback:
Total proppant used (lbs): Rule 805 green completion techniques were utilized: ☐
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:
Test Method: Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:
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: 7070 ** Sacks cement on top: 1 ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 01/21/2012 End Date: 01/21/2012 Date of First Production this formation: 01/25/2012
Perforations Top: 6790 Bottom: 7004 No. Holes: 292 Hole size: 042/100
Provide a brief summary of the formation treatment: Open Hole: ☐

NBRR A- 192,685 gals, (116,880 gals SLF), 99,340 lbs 30/50 White
NBRR B & C- 273,945 gals, (198,733 gals SLF), 181,160 lbs 30/50 White

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

Total fluid used in treatment (bbl): 11110 Max pressure during treatment (psi): 5887
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): 0.97
Total acid used in treatment (bbl): 47 Number of staged intervals: 2
Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 11324
Fresh water used in treatment (bbl): 3596 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 280500 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: 01/31/2012 Hours: 24 Bbl oil: 109 Mcf Gas: 293 Bbl H2O: 37
Calculated 24 hour rate: Bbl oil: 109 Mcf Gas: 293 Bbl H2O: 37 GOR: 2688
Test Method: Flowing Casing PSI: 660 Tubing PSI: Choke Size: 012/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1343 API Gravity Oil: 48
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:

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
400292272	WIRELINE JOB SUMMARY

Total Attach: 1 Files

General Comments

User Group Comment Comment Date

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Total: 0 comment(s)