

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: 400314915

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, 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 4. Contact Name: JONATHAN RUNGE
2. Name of Operator: BAYSWATER EXPLORATION AND PRODUCTION Phone: (970) 669-7411
3. Address: 730 17TH ST STE 610 City: DENVER State: CO Zip: 80202 Fax: (970) 669-4077

5. API Number 05-001-09737-00 6. County: ADAMS
7. Well Name: Zarlengo Well Number: 6-4
8. Location: QtrQtr: SENW Section: 4 Township: 1S Range: 67W Meridian: 6
9. Field Name: SPINDLE Field Code: 77900

Completed Interval

FORMATION: SUSSEX Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/21/2012 End Date: 03/21/2012 Date of First Production this formation: 05/03/2012
Perforations Top: 4990 Bottom: 5004 No. Holes: 112 Hole size: 042/100

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

111,090 gals Foam (1,578 MSCF), 23,016 gals SLF, 222,000 lbs 16/30 White, 20,200 lbs. 20/40 SLC

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

Total fluid used in treatment (bbl): 2645 Max pressure during treatment (psi): 3191
Total gas used in treatment (mcf): 1578 Fluid density at initial fracture (lbs/gal): 0.25
Type of gas used in treatment: NITROGEN Min frac gradient (psi/ft): 0.57
Total acid used in treatment (bbl): 0 Number of staged intervals: 1
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 738
Fresh water used in treatment (bbl): 548 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 242200 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: 05/09/2012 Hours: 8 Bbl oil: 13 Mcf Gas: 8 Bbl H2O: 6
Calculated 24 hour rate: Bbl oil: 39 Mcf Gas: 24 Bbl H2O: 18 GOR: 615
Test Method: FLOWING Casing PSI: 420 Tubing PSI: Choke Size:
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1352 API Gravity Oil: 40
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: Jonathan Runge

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

Attachment Check List

Att Doc Num	Name
400314940	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)