

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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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 05-123-26073-00
6. County: WELD
7. Well Name: APOLLO Well Number: 41-18
8. Location: QtrQtr: NENE Section: 18 Township: 6N Range: 63W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: TEMPORARILY ABANDONED Treatment Type:
Treatment Date: End Date: Date of First Production this formation:
Perforations Top: 6762 Bottom: 6775 No. Holes: 52 Hole size: 041/100
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: 09/22/2011 Squeeze: Yes No If yes, number of sacks cmt
** Bridge Plug Depth: 6750 ** Sacks cement on top: 1 ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/22/2011 End Date: 10/22/2011 Date of First Production this formation: 11/03/2011
Perforations Top: 6580 Bottom: 6610 No. Holes: 120 Hole size: 040/100

Provide a brief summary of the formation treatment: Open Hole:
45082 gal pad, 164,231 gal sand-laden fluid w/ 151,080 lbs 30/50 sand

This formation is commingled with another formation: Yes No
Total fluid used in treatment (bbl): 5160 Max pressure during treatment (psi): 5195
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): 0.89
Total acid used in treatment (bbl): 23 Number of staged intervals: 1
Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 5262
Fresh water used in treatment (bbl): 1250 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 151080 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: 11/09/2011 Hours: 6 Bbl oil: 40 Mcf Gas: 89 Bbl H2O: 14
Calculated 24 hour rate: Bbl oil: 160 Mcf Gas: 356 Bbl H2O: 56 GOR: 2225
Test Method: Flowing Casing PSI: 1175 Tubing PSI: Choke Size: 012/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1381 API Gravity Oil: 46
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6554 Tbg setting date: 02/02/2012 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
400292195	WIRELINE JOB SUMMARY

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)