

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 2587970

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: KEVIN KANE
Phone: (303) 893-2503
Fax: (303) 893-2508

5. API Number 05-123-32187-00
6. County: WELD
7. Well Name: Ahnstedt
Well Number: 10-4
8. Location: QtrQtr: NWSE Section: 4 Township: 6N Range: 65W Meridian: 6
9. Field Name: EATON Field Code: 19350

Completed Interval

FORMATION: CODELL Status: PRODUCING
Treatment Date: 01/15/2011 Date of First Production this formation: 02/09/2011
Perforations Top: 7103 Bottom: 7120 No. Holes: 68 Hole size: 38/100
Provide a brief summary of the formation treatment: Open Hole: []
FRACTURE STIMULATED CODELL DOWN CASING WITH 61,691 GAL SLICKWATER AND 151,100# 30/50 SAND.
This formation is commingled with another formation: [] Yes [X] No
Test Information:
Date: 02/22/2011 Hours: 24 Bbls oil: 150 Mcf Gas: 195 Bbls H2O: 8
Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR: 1300
Test Method: FLOWING Casing PSI: 1025 Tubing PSI: Choke Size: 16/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1296 API Gravity Oil: 46
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:

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.
Signed: Print Name: KEVIN KANE
Title: OPERATIONS MANAGER Date: 8/4/2011 Email: KKANE@BAYSWATER.US

Attachment Check List

Att Doc Num	Name
2587970	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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