

**State of Colorado**  
**Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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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

4. Contact Name: KEVIN KANE

2. Name of Operator: BAYSWATER EXPLORATION AND PRODUCTION

Phone: (303) 893-2503

3. Address: 730 17TH ST STE 610

Fax: (303) 893-2508

City: DENVER State: CO Zip: 80202

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
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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 ☒ No

**Test Information:**

Date:	02/22/2011	Hours:	24	Bbls oil:	150	Mcf Gas:	195	Bbls H2O:	8
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Calculated 24 hour rate:	Bbls oil:	Mcf Gas:	Bbls H2O:	GOR: 1300
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Test Method: FLOWING	Casing PSI: 1025	Tubing PSI:	Choke Size: 16/64
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Gas Disposition:	SOLD	Gas Type:	WET	BTU Gas:	1296	API Gravity Oil:	46
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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>

Total: 0 comment(s)