

FORM
5A

Rev
02/08

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:

2587973

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 05-123-26072-00
6. County: WELD
7. Well Name: APOLLO
Well Number: 42-18
8. Location: QtrQtr: SENE Section: 18 Township: 6N Range: 63W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING

Treatment Date: 12/23/2010 Date of First Production this formation:

Perforations Top: 6762 Bottom: 6775 No. Holes: 52 Hole size: 41/100

Provide a brief summary of the formation treatment: Open Hole: ☐

REPERFORATED CODELL, 4 SPF, FRACTURE STIMULATED WITH 211,736 GAL SLICKWATER AND 120,480# 30/50 SAND.

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

Test Information:

Date: 01/15/2011 Hours: 24 Bbls oil: 9 Mcf Gas: 28 Bbls H2O: 1

Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR: 3111

Test Method: FLOWING Casing PSI: 1280 Tubing PSI: 1280 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1426 API Gravity Oil: 49

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6749 Tbg setting date: 12/28/2010 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: 8/8/2011 Email: KKANE@BAYSWATER.US

Attachment Check List

Att Doc Num	Name
2587973	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)