

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:

400087881

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: 10000
2. Name of Operator: BP AMERICA PRODUCTION COMPANY
3. Address: 501 WESTLAKE PARK BLVD
City: HOUSTON State: TX Zip: 77079
4. Contact Name: Kristina Lee
Phone: (303) 659-9581
Fax: (303) 659-8209

5. API Number 05-067-09714-00
6. County: LA PLATA
7. Well Name: PAN AMERICAN FEE GU C
Well Number: 4
8. Location: QtrQtr: NENW Section: 22 Township: 33N Range: 8W Meridian: N

Completed Interval

FORMATION: <u>FRUITLAND</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>05/26/2010</u>	Date of First Production this formation: <u>07/23/2010</u>
Perforations Top: <u>3092</u> Bottom: <u>3296</u>	No. Holes: <u>186</u> Hole size: <u>0.49</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
Pumped 4500 gals of HCL acid followed by 2268 gals of x link gel; Pumped 172,755# 20/40 brown sand in expedite SIBHP=1294 PSIG @ 2820'.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>08/12/2010</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>958</u> Bbls H2O: <u>93</u>	
Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>958</u> Bbls H2O: <u>93</u> GOR: <u>0</u>	
Test Method: <u>Flowing</u> Casing PSI: <u>204</u> Tubing PSI: <u>209</u> Choke Size: <u>1/4</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>COAL GAS</u> BTU Gas: <u>987</u> API Gravity Oil: <u></u>	
Tubing Size: <u>2 + 7/8</u> Tubing Setting Depth: <u>3019</u> Tbg setting date: <u>06/14/2010</u> Packer Depth: <u></u>	
Reason for Non-Production: <u></u>	
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u>	
Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>	

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Kristina Lee

Title: Regulatory Consultant-BP

Date: _____

Email leeka@bp.com

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Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____

Director of COGCC

Date: _____

Attachment Check List

Att Doc Num	Name	Doc Description
400087882	WELLBORE DIAGRAM	Pan American Fee GU C 4 Profile Tubing, Rods 2010.pdf
400087883	WELLBORE DIAGRAM	Pan American Fee GU C 4 Profile Stimulation 2010.pdf

Total Attach: 2 Files