

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



DE ET OE ES

Document Number:  
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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: 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 05-067-09700-00  
6. County: LA PLATA  
7. Well Name: SNOOK GU C  
Well Number: 4  
8. Location: QtrQtr: NENE Section: 7 Township: 32N Range: 7W Meridian: N

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING  
Treatment Date: 08/11/2009 Date of First Production this formation: 08/20/2010  
Perforations Top: 3418 Bottom: 3554 No. Holes: 274 Hole size: 0.4  
Provide a brief summary of the formation treatment: Open Hole:   
Pumped 4669 gals of 15% HCL acid followed by 8836 gals of treated water flush; Pumped 262,284#'s of 20/40 brown sand in expedite coat followed by 251 bbls linear gel flush; Pumped 149,184 gals of gel water.  
This formation is commingled with another formation:  Yes  No  
Test Information:  
Date: 08/20/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 270 Bbls H2O: 94  
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 270 Bbls H2O: 94 GOR: 0  
Test Method: Flowing Casing PSI: 531 Tubing PSI: 98 Choke Size: 1/4  
Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 970 API Gravity Oil: \_\_\_\_\_  
Tubing Size: 2 + 7/8 Tubing Setting Depth: 3664 Tbg setting date: 08/21/2009 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: Kristina Lee

Title: Regulatory Consultant-BP

Date: \_\_\_\_\_

Email leeka@bp.com

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
400094056	WELLBORE DIAGRAM	SNOOK GAS UNIT C 4 PROFILE PERF final .pdf
400094057	WELLBORE DIAGRAM	SNOOK GAS UNIT C 4 PROFILE STIM Final.pdf

Total Attach: 2 Files