

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:

400100003

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

5. API Number 05-067-09730-00 6. County: LA PLATA
 7. Well Name: JAMES GU A Well Number: 5
 8. Location: QtrQtr: NENE Section: 30 Township: 34N Range: 7W Meridian: M
 9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING
 Treatment Date: 06/24/2010 Date of First Production this formation: 09/14/2010
 Perforations Top: 2772 Bottom: 2988 No. Holes: 270 Hole size: 0.49
 Provide a brief summary of the formation treatment: _____ Open Hole:
 P:umped 5000 gals HCL acid, pumped 106,008 gal gel and pumped 178,100# proppant
 SIBHP: 1121 PSIG @ 2958'

This formation is commingled with another formation: Yes No

Test Information:

Date: 09/29/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1097 Bbls H2O: 122
 Calculated 24 hour rate: Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
 Test Method: Flowing Casing PSI: 151 Tubing PSI: 116 Choke Size: 1/4
 Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 996 API Gravity Oil: _____
 Tubing Size: 2 + 7/8 Tubing Setting Depth: 3208 Tbg setting date: 08/10/2010 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: 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
400100004	WELLBORE DIAGRAM	James Gas Unit A 5 Profile 2010.pdf

Total Attach: 1 Files