

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:

400098240

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 05-067-09691-00
6. County: LA PLATA
7. Well Name: PATRICK, GARY GU
Well Number: 4
8. Location: QtrQtr: SWNW Section: 29 Township: 34N Range: 7W Meridian: M
9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING

Treatment Date: 06/11/2010 Date of First Production this formation: 08/30/2010

Perforations Top: 3078 Bottom: 3268 No. Holes: 180 Hole size: 0.49

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

Pumped 5500 gal 15% HCL acid; Pumped 48132# x-link gel, Pumped 175174# proppant
SIBHP: 1364' PSIG @ 3013'.

This formation is commingled with another formation: Yes No

Test Information:

Date: 10/27/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 626 Bbls H2O: 109

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 626 Bbls H2O: 109 GOR: _____

Test Method: Flowing Casing PSI: 113 Tubing PSI: 111 Choke Size: 1

Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 990 API Gravity Oil: _____

Tubing Size: 2 + 7/8 Tubing Setting Depth: 3310 Tbg setting date: 07/16/2010 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
400098242	WELLBORE DIAGRAM	Patrick, Gary GU 4 Profile 2010.pdf

Total Attach: 1 Files