

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:

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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 05-067-09690-00  
6. County: LA PLATA  
7. Well Name: PATRICK, GARU GU  
Well Number: 2  
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: 06/12/2010 Date of First Production this formation: 08/30/2010  
Perforations Top: 3410 Bottom: 3566 No. Holes: 269 Hole size: 0.49  
Provide a brief summary of the formation treatment: Open Hole: ☐  
Pumped a total of 4500 gal of 15% HCL Acid; Pumped 1353 gal gel; Total Sand pumped 173007# Proppant.  
SIBHP:1271 PSIG @ 3005'.

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

**Test Information:**

Date: 11/06/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 140 Bbls H2O: 92  
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 140 Bbls H2O: 92 GOR:           
Test Method: Flowing Casing PSI: 110 Tubing PSI: 110 Choke Size: 1/4  
Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 1004 API Gravity Oil:           
Tubing Size: 2 + 7/8 Tubing Setting Depth: 3671 Tbg setting date: 07/29/2010 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
400098239	WELLBORE DIAGRAM	Patrick, Gary Gas Unit 2 Profile.pdf

Total Attach: 1 Files