

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 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 05-067-09678-00 6. County: LA PLATA
 7. Well Name: MAESTAS GU A Well Number: 4
 8. Location: QtrQtr: SWNE Section: 23 Township: 33N Range: 9W Meridian: N
 9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING

Treatment Date: 07/28/2010 Date of First Production this formation: 10/08/2010
 Perforations Top: 3050 Bottom: 3365 No. Holes: 300 Hole size: 0.49

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

Pumped 4500 gal Hydrochloric acid, pumped 2923 gal gel and pumped 206533# 20/40 Brown sand with Expedite. SIBHP: 1107 PSIG @ 3118'.

This formation is commingled with another formation: Yes No

Test Information:

Date: 10/29/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1049 Bbls H2O: 104
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1049 Bbls H2O: 104 GOR: _____
 Test Method: Flowing Casing PSI: 110 Tubing PSI: 81 Choke Size: 1/4
 Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 974 API Gravity Oil: _____
 Tubing Size: 2 + 7/8 Tubing Setting Depth: 3395 Tbg setting date: 08/19/2010 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:

Logs were uploaded 10/12/2010. Hard copies sent directly to COGCC from Schlumberger. Well in Comm Agreeemnt COC-56145.

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
400107884	WELLBORE DIAGRAM	Maestas Gas Unit A 4 Profile 2010.pdf

Total Attach: 1 Files