

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

COMPLETED INTERVAL REPORT

Document Number:

400113104

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 05-067-09482-00
6. County: LA PLATA
7. Well Name: FEDERAL LAND BANK GAS UN
Well Number: 4
8. Location: QtrQtr: NWSW Section: 24 Township: 33N Range: 9W Meridian: N
9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING
Treatment Date: 07/20/2010 Date of First Production this formation: 11/03/2010
Perforations Top: 3315 Bottom: 3600 No. Holes: 270 Hole size: 0.49
Provide a brief summary of the formation treatment: Open Hole: [X]
Pumped 5000 gal 15% hydrchloric acid, pumped 3548 gal gel and pumped 239778# brown sand with expedite.
SIBHP: 1095 PSIG @ 3232'.
This formation is commingled with another formation: [] Yes [X] No
Test Information:
Date: 11/22/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1354 Bbls H2O: 62
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1354 Bbls H2O: 62 GOR:
Test Method: Flowing Casing PSI: 109 Tubing PSI: 105 Choke Size: 1
Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 961 API Gravity Oil:
Tubing Size: 2 + 7/8 Tubing Setting Depth: 3657 Tbg setting date: 08/30/2010 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:
Fee well in CA = COC56256

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

<u>Att Doc Num</u>	<u>Name</u>
400113112	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)