



Document Number:

400113104

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 05-067-09482-00

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
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Provide a brief summary of the formation treatment:

Open Hole: ☒

Pumped 5000 gal 15% hydrochloric acid, pumped 3548 gal gel and pumped 239778# brown sand with expedite. SIBHP: 1095 PSIG @ 3232'.

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

Test Information:

Date:	11/22/2010	Hours:	24	Bbls oil:	0	Mcf Gas:	1354	Bbls H2O:	62
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Calculated 24 hour rate:	Bbls oil:	0	Mcf Gas:	1354	Bbls H2O:	62	GOR:
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Test Method: Flowing	Casing PSI: 109	Tubing PSI: 105	Choke Size: 1
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Gas Disposition:	SOLD	Gas Type:	COAL GAS	BTU Gas:	961	API Gravity Oil:
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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

Att Doc Num	Name
400113112	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)