

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:

400118182

**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 05-067-09640-00 6. County: LA PLATA  
7. Well Name: KLUSMAN RANCHES GU Well Number: 4  
8. Location: QtrQtr: NWNE Section: 11 Township: 33N Range: 8W Meridian: N  
9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: <u>FRUITLAND COAL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>10/13/2010</u>	Date of First Production this formation: <u>12/06/2010</u>
Perforations Top: <u>2852</u> Bottom: <u>3150</u>	No. Holes: <u>210</u> Hole size: <u>0.49</u>
Provide a brief summary of the formation treatment:	Open Hole: <input checked="" type="checkbox"/>
Pumped 4000 gal 15% HCL acid; Pumped 174079# proppant and 2875 gal gel. SIBHP: 1117 PSIG @ 2852'	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: _____ Hours: <u>24</u>	Bbls oil: <u>0</u> Mcf Gas: <u>837</u> Bbls H2O: <u>222</u>
Calculated 24 hour rate:	Bbls oil: <u>0</u> Mcf Gas: <u>837</u> Bbls H2O: <u>222</u> GOR: _____
Test Method: <u>flowing</u>	Casing PSI: <u>260</u> Tubing PSI: <u>105</u> Choke Size: <u>1/4</u>
Gas Disposition: _____	Gas Type: <u>COAL GAS</u> BTU Gas: <u>996</u> API Gravity Oil: _____
Tubing Size: <u>2 + 7/8</u> Tubing Setting Depth: <u>3187</u>	Tbg setting date: <u>10/13/2010</u> Packer Depth: _____
Reason for Non-Production: _____	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____	
Bridge Plug Depth: _____ Sacks cement on top: _____	

Comment:

COC-50654

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
400118189	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)