

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:

2505189

**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: KRIS 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 05-067-09633-00 6. County: LA PLATA  
7. Well Name: HUNGERFORD GAS UNIT A Well Number: 4  
8. Location: QtrQtr: SENE Section: 6 Township: 33N Range: 9W Meridian: N  
9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: <u>FRUITLAND COAL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>04/27/2010</u>	Date of First Production this formation: <u>06/25/2010</u>
Perforations Top: <u>3142</u> Bottom: <u>3400</u>	No. Holes: <u>270</u> Hole size: <u>44/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>PUMPED 5000 GALS OF HCL ACID, PUMPED 2268 GAL GEL, PUMPED 260280# 20/40 BROWN SAND IN EXPEDITE. SIBHP = 426 PSIG @ 2881'.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>07/11/2010</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>664</u> Bbls H2O: <u>37</u>	
Calculated 24 hour rate:	Bbls oil: <u>0</u> Mcf Gas: <u>664</u> Bbls H2O: <u>37</u> GOR: <u>0</u>
Test Method: <u>FLOWING</u> Casing PSI: <u>50</u> Tubing PSI: <u>48</u> Choke Size: <u>1/4</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>COAL GAS</u> BTU Gas: <u>906</u> API Gravity Oil: <u>0</u>	
Tubing Size: <u>2 + 7/8</u> Tubing Setting Depth: <u>3449</u> Tbg setting date: <u>05/07/2010</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:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: KRISTINA A. LEE

Title: REGULATORY Date: 7/14/2010 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: David S. Neslin Director of COGCC Date: 2/7/2011

**Attachment Check List**

Att Doc Num	Name
2505189	FORM 5A SUBMITTED
2505190	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	Received requested tubing info. plg.	2/7/2011 10:43:18 AM
Permit	ON HOLD. Requesting Tubing info, cmt & wireline tkts. plg.	1/26/2011 3:36:30 PM

Total: 2 comment(s)