

**FORM
5**Rev
02/08State 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:

2609830

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☐ Final completion ☒ Preliminary completion

1. OGCC Operator Number: 10000 4. Contact Name: KRIS LEE
2. Name of Operator: BP AMERICA PRODUCTION COMPANY Phone: (970) 247-6800
3. Address: 501 WESTLAKE PARK BLVD Fax: (970) 247-6825
City: HOUSTON State: TX Zip: 77079

5. API Number 05-067-09693-00 6. County: LA PLATA
7. Well Name: SPARKS GU B Well Number: 2
8. Location: QtrQtr: SWNW Section: 29 Township: 34N Range: 7W Meridian: M
Footage at surface: Distance: 2421 feet Direction: FNL Distance: 1005 feet Direction: FWL
As Drilled Latitude: 37.162700 As Drilled Longitude: -107.367740

GPS Data:

Data of Measurement: 12/21/2009 PDOP Reading: 6.4 GPS Instrument Operator's Name: BOB CRESS

** If directional footage

at Top of Prod. Zone Distance: 1008 feet Direction: FNL Distance: 903 feet Direction: FWL
Sec: 29 Twp: 34N Rng: 7W
at Bottom Hole Distance: 816 feet Direction: FNL Distance: 863 feet Direction: FWL
Sec: 29 Twp: 34N Rng: 7W

9. Field Name: IGNACIO BLANCO 10. Field Number: 38300

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 11/29/2009 13. Date TD: 11/30/2009 14. Date Casing Set or D&A: 12/01/2009

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 3698 TVD 3165 17 Plug Back Total Depth MD _____ TVD _____18. Elevations GR 6727 KB 6743

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	8+5/8		0	480	350	0	483	
1ST	7+7/8	5+1/2		0	3,688	371	0	3,889	

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

PRELIMINARY

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

Signed: Y Print Name: KRISTINA A. LEE

Title: REGULATORY SPECIALIST Date: 12/28/2009 Email: LEEKA@BP.COM

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved:  Director of COGCC Date: 2/9/2011

Attachment Check List

Att Doc Num	Name
2070369	DIRECTIONAL SURVEY

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)