

FORM
5
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

DRILLING COMPLETION REPORT

Document Number:
2609830

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 Observation

16. 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: *David S. Nash* 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)