

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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COMPLETED INTERVAL REPORT

Document Number:

400087881

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
2. Name of Operator: BP AMERICA PRODUCTION COMPANY
3. Address: 501 WESTLAKE PARK BLVD
City: HOUSTON State: TX Zip: 77079
4. Contact Name: Kristina Lee
Phone: (303) 659-9581
Fax: (303) 659-8209

5. API Number 05-067-09714-00
6. County: LA PLATA
7. Well Name: PAN AMERICAN FEE GU C
Well Number: 4
8. Location: QtrQtr: NENW Section: 22 Township: 33N Range: 8W Meridian: N
9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: FRUITLAND Status: PRODUCING
Treatment Date: 05/26/2010 Date of First Production this formation: 07/23/2010
Perforations Top: 3092 Bottom: 3296 No. Holes: 186 Hole size: 0.49
Provide a brief summary of the formation treatment: Open Hole:
Pumped 4500 gals of HCL acid followed by 2268 gals of x link gel; Pumped 172,755# 20/40 brown sand in expedite SIBHP=1294 PSIG @ 2820'.
This formation is commingled with another formation: Yes No
Test Information:
Date: 08/12/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 958 Bbls H2O: 93
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 958 Bbls H2O: 93 GOR: 0
Test Method: Flowing Casing PSI: 204 Tubing PSI: 209 Choke Size: 1/4
Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 987 API Gravity Oil: 0
Tubing Size: 2 + 7/8 Tubing Setting Depth: 3019 Tbg setting date: 06/14/2010 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:

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: 8/26/2010 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: 2/16/2011

Attachment Check List

Att Doc Num	Name
400087881	FORM 5A SUBMITTED
400087882	WELLBORE DIAGRAM
400087883	WELLBORE DIAGRAM

Total Attach: 3 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)