

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:

400098240

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 05-067-09691-00 6. County: LA PLATA
7. Well Name: PATRICK, GARY GU Well Number: 4
8. Location: QtrQtr: SWNW Section: 29 Township: 34N Range: 7W Meridian: M
9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING
Treatment Date: 06/11/2010 Date of First Production this formation: 08/30/2010
Perforations Top: 3078 Bottom: 3268 No. Holes: 180 Hole size: 0.49
Provide a brief summary of the formation treatment: Open Hole: ☐
Pumped 5500 gal 15% HCL acid; Pumped 48132# x-link gel, Pumped 175174# proppant
SIBHP: 1364' PSIG @ 3013'.
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 10/27/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 626 Bbls H2O: 109
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 626 Bbls H2O: 109 GOR:
Test Method: Flowing Casing PSI: 113 Tubing PSI: 111 Choke Size: 1
Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 990 API Gravity Oil: 0
Tubing Size: 2 + 7/8 Tubing Setting Depth: 3310 Tbg setting date: 07/16/2010 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: 11/2/2010 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: 2/17/2011

Attachment Check List

Att Doc Num	Name
400098240	FORM 5A SUBMITTED
400098242	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

--	--	--

Total: 0 comment(s)