

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:

400100003

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 05-067-09730-00

6. County: LA PLATA

7. Well Name: JAMES GU A

Well Number: 5

8. Location: QtrQtr: NENE Section: 30 Township: 34N Range: 7W Meridian: M

9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: FRUITLAND COAL

Status: PRODUCING

Treatment Date: 06/24/2010

Date of First Production this formation: 09/14/2010

Perforations	Top:	2772	Bottom:	2988	No. Holes:	270	Hole size:	0.49
--------------	------	------	---------	------	------------	-----	------------	------

Provide a brief summary of the formation treatment:

Open Hole: ☒

P:umped 5000 gals HCL acid, pumped 106,008 gal gel and pumped 178,100# proppant
SIBHP: 1121 PSIG @ 2958'

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date:	09/29/2010	Hours:	24	Bbls oil:	0	Mcf Gas:	1097	Bbls H2O:	122
-------	------------	--------	----	-----------	---	----------	------	-----------	-----

Calculated 24 hour rate:	Bbls oil:	Mcf Gas:	Bbls H2O:	GOR:
--------------------------	-----------	----------	-----------	------

Test Method: Flowing	Casing PSI: 151	Tubing PSI: 116	Choke Size: 1/4
----------------------	-----------------	-----------------	-----------------

Gas Disposition:	SOLD	Gas Type:	COAL GAS	BTU Gas:	996	API Gravity Oil:	0
------------------	------	-----------	----------	----------	-----	------------------	---

Tubing Size:	2 + 7/8	Tubing Setting Depth:	3208	Tbg setting date:	08/10/2010	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: 10/13/2010 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
400100003	FORM 5A SUBMITTED
400100004	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

--	--	--

Total: 0 comment(s)