

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:
400105487

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 05-067-09755-00
6. County: LA PLATA
7. Well Name: JAMES GU A Well Number: 2
8. Location: QtrQtr: SESE 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: 07/05/2010 Date of First Production this formation: 09/30/2010

Perforations Top: 3394 Bottom: 3636 No. Holes: 270 Hole size: 0.49

Provide a brief summary of the formation treatment: Open Hole:

Pumped 5000 gal hydro acid, pumped 2588 gal gel and pumped 177891# proppant.
SIBHP = 1376 psig @ 2918'.

This formation is commingled with another formation: Yes No

Test Information:

Date: 10/21/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 664 Bbls H2O: 221

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 664 Bbls H2O: 221 GOR:

Test Method: Flowing Casing PSI: 140 Tubing PSI: 95 Choke Size: 1/4

Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 1002 API Gravity Oil: 0

Tubing Size: 2 + 7/8 Tubing Setting Depth: 3670 Tbg setting date: 08/24/2010 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: 11/10/2010 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
400105487	FORM 5A SUBMITTED
400105496	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)