

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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Document Number:

400113104

**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 05-067-09482-00 6. County: LA PLATA  
7. Well Name: FEDERAL LAND BANK GAS UN Well Number: 4  
8. Location: QtrQtr: NWSW Section: 24 Township: 33N Range: 9W Meridian: N  
9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: <u>FRUITLAND COAL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>07/20/2010</u>	Date of First Production this formation: <u>11/03/2010</u>
Perforations Top: <u>3315</u> Bottom: <u>3600</u>	No. Holes: <u>270</u> Hole size: <u>0.49</u>
Provide a brief summary of the formation treatment:	Open Hole: <input checked="" type="checkbox"/>
Pumped 5000 gal 15% hydrochloric acid, pumped 3548 gal gel and pumped 239778# brown sand with expedite. SIBHP: 1095 PSIG @ 3232'.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>11/22/2010</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>1354</u> Bbls H2O: <u>62</u>	
Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>1354</u> Bbls H2O: <u>62</u> GOR: <u>0</u>	
Test Method: <u>Flowing</u> Casing PSI: <u>109</u> Tubing PSI: <u>105</u> Choke Size: <u>1</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>COAL GAS</u> BTU Gas: <u>961</u> API Gravity Oil: <u>0</u>	
Tubing Size: <u>2 + 7/8</u> Tubing Setting Depth: <u>3657</u> Tbg setting date: <u>08/30/2010</u> Packer Depth: _____	
Reason for Non-Production: _____	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____	
Bridge Plug Depth: _____ Sacks cement on top: _____	

Comment:

Fee well in CA = COC56256

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: 12/2/2010 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: 2/23/2011

**Attachment Check List**

Att Doc Num	Name
400113104	FORM 5A SUBMITTED
400113112	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

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Total: 0 comment(s)