

FORM  
5  
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:  
400087418

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type  Final completion  Preliminary 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 05-067-09714-00 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  
Footage at surface: Distance: 944 feet Direction: FNL Distance: 1594 feet Direction: FWL  
As Drilled Latitude: 37.094043 As Drilled Longitude: -107.708425

GPS Data:

Data of Measurement: 10/08/2009 PDOP Reading: 3.8 GPS Instrument Operator's Name: Bob Cress

\*\* If directional footage

at Top of Prod. Zone Distance: 761 feet Direction: FNL Distance: 2430 feet Direction: FWL  
Sec: 22 Twp: 33N Rng: 8W  
at Bottom Hole Distance: 735 feet Direction: FNL Distance: 2492 feet Direction: FWL  
Sec: 22 Twp: 33N Rng: 8W

9. Field Name: IGNACIO BLANCO 10. Field Number: 38300  
11. Federal, Indian or State Lease Number: Fee

12. Spud Date: (when the 1st bit hit the dirt) 06/11/2009 13. Date TD: 06/14/2009 14. Date Casing Set or D&A: 06/15/2009

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 3642 TVD 3442 17 Plug Back Total Depth MD 3589 TVD 3389

18. Elevations GR 6759 KB 6775

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

Cement. directional and logs were submitted with preliminary form 5 on 11/19/2008. Well logs have been uploaded

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR				0					
SURF	12+1/4	8+5/8	15.8	0	586	430	0	592	
1ST	7+7/8	5+1/2	13.5	0	3,633	405	0	3,642	

ADDITIONAL CEMENT

Cement work date: \_\_\_\_\_

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
FRUITLAND	3,071	3,434	<input type="checkbox"/>	<input type="checkbox"/>	

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: 8/25/2010 Email: leeka@bp.com

**Attachment Check List**

Att Doc Num	Name
400087418	FORM 5 SUBMITTED

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)