

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



DE ET OE ES

DRILLING COMPLETION REPORT

Document Number:

400092327

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 05-067-09711-00 6. County: LA PLATA
7. Well Name: GOSNEY GC A Well Number: 3
8. Location: QtrQtr: NESW Section: 15 Township: 34N Range: 7W Meridian: N
Footage at surface: Distance: 1504 feet Direction: FSL Distance: 1829 feet Direction: FWL
As Drilled Latitude: 37.188108 As Drilled Longitude: -107.598421

GPS Data:

Data of Measurement: 10/02/2009 PDOP Reading: 1.8 GPS Instrument Operator's Name: Bob Cress

** If directional footage

at Top of Prod. Zone Distance: 1895 feet Direction: FSL Distance: 2322 feet Direction: FEL
Sec: 15 Twp: T34n Rng: 7W
at Bottom Hole Distance: 1903 feet Direction: FSL Distance: 2291 feet Direction: FEL
Sec: 15 Twp: T34N Rng: 7W

9. Field Name: IGNACIO BLANCO 10. Field Number: 38300
11. Federal, Indian or State Lease Number: Fee/COC-534

12. Spud Date: (when the 1st bit hit the dirt) 08/26/2009 13. Date TD: 08/29/2009 14. Date Casing Set or D&A: 08/30/2009

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 3527 TVD 3176 17 Plug Back Total Depth MD 3473 TVD 3122

18. Elevations GR 6835 KB 6851

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:

RST/CMT/POROSITY

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	396	300	0	396	
1ST	7+7/8	5+1/2	13.5	0	3,517	300	0	3,517	

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 COAL	3,093	3,343	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Logs were uploaded 6/24/2010. Copies of logs were sent to the COGCC with the Form 10 9/13/2010, CMT TKTS AND d/s SENT WITH PRELIM

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: 9/13/2010 Email: leeka@bp.com

Attachment Check List

Att Doc Num	Name
400092327	FORM 5 SUBMITTED
400092338	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)