

**FORM
5**Rev
02/08State 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:

400138500

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 05-067-09696-00 6. County: LA PLATA
7. Well Name: SOUTHERN UTE GU DD Well Number: 4
8. Location: QtrQtr: SESW Section: 30 Township: 34N Range: 8W Meridian: M
Footage at surface: Distance: 707 feet Direction: FSL Distance: 1831 feet Direction: FWL
As Drilled Latitude: 37.156679 As Drilled Longitude: -107.762335

GPS Data:

Data of Measurement: 11/12/2009 PDOP Reading: 2.2 GPS Instrument Operator's Name: Bob Cress

** If directional footage

at Top of Prod. Zone Distance: 854 feet Direction: FSL Distance: 956 feet Direction: FWL
Sec: 30 Twp: 34N Rng: 8W
at Bottom Hole Distance: 861 feet Direction: FSL Distance: 888 feet Direction: FWL
Sec: 30 Twp: 34n Rng: 8w

9. Field Name: IGNACIO BLANCO 10. Field Number: 3830011. Federal, Indian or State Lease Number: Fee12. Spud Date: (when the 1st bit hit the dirt) 11/07/2009 13. Date TD: 11/09/2009 14. Date Casing Set or D&A: 11/10/2009

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 3277 TVD 3034 17 Plug Back Total Depth MD 3256 TVD 301318. Elevations GR 6478 KB 6494

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:

CBL/RST

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									
SURF	12+1/4	8+5/8	24		442	320		442	
1ST	7+7/8	5+1/2	15.5		3,258	315		3,258	

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	2,426	2,704	<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: _____ Email: leeka@bp.com

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group Comment Comment Date

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Total: 0 comment(s)