

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number:

400134036

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
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 05-067-09728-00
6. County: LA PLATA
7. Well Name: DAUGHETEE, LA GU
Well Number: 3
8. Location: QtrQtr: NESW Section: 28 Township: 34N Range: 9W Meridian: M
9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: FRUITLAND Status: PRODUCING

Treatment Date: 11/01/2010 Date of First Production this formation: 01/21/2011
Perforations Top: 3095 Bottom: 3313 No. Holes: 240 Hole size: 0.49

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

Pumped 3000 gals of 15 % HCL acid; pumped 219,397# proppant and 2937 gal gel. SIBHP: 722 PSIG @ 3072'.

This formation is commingled with another formation: [ ] Yes [X] No

Test Information:

Date: 01/21/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 21 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 21 Bbls H2O: 0 GOR:
Test Method: Flowing Casing PSI: 92 Tubing PSI: 51 Choke Size: 1/4
Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 1006 API Gravity Oil: 0
Tubing Size: 2 + 7/8 Tubing Setting Depth: 3362 Tbg setting date: 11/13/2010 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: \_\_\_\_\_ Email leeka@bp.com  
:

**Attachment Check List**

Att Doc Num	Name
400134082	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)