

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:

400134086

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 05-067-09727-00 6. County: LA PLATA
7. Well Name: DAUGHETEE, L.A. GU Well Number: 4
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: 3218 Bottom: 3419 No. Holes: 240 Hole size: 0.49

Provide a brief summary of the formation treatment: Open Hole: ☐

Pumped 3000 gal 15% HCL acid, pumped 238,291# proppant; pumped 3241 gal gel.
SIBHP:725 PSIG @ 3080'

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 01/21/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 6 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 6 Bbls H2O: 0 GOR:
Test Method: Flowing Casing PSI: 93 Tubing PSI: 93 Choke Size: 1/4
Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 1011 API Gravity Oil: 0
Tubing Size: 2 + 7/8 Tubing Setting Depth: 3477 Tbg setting date: 11/20/2010 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

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Attachment Check List

Att Doc Num	Name
400134088	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)