

FORM
5Rev
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:

400149981

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 05-067-09673-00 6. County: LA PLATA
7. Well Name: SPANISH FORK GU A Well Number: 3
8. Location: QtrQtr: SWNW Section: 34 Township: 33N Range: 7W Meridian: N
Footage at surface: Distance: 1564 feet Direction: FNL Distance: 1082 feet Direction: FWL
As Drilled Latitude: 37.063557 As Drilled Longitude: -107.601574

GPS Data:

Data of Measurement: 10/08/2009 PDOP Reading: 2.5 GPS Instrument Operator's Name: Bob Cress

** If directional footage

at Top of Prod. Zone Distance: 2246 feet Direction: FSL Distance: 1186 feet Direction: FWL
Sec: 34 Twp: 33n Rng: 7w
at Bottom Hole Distance: 1764 feet Direction: FSL Distance: 1198 feet Direction: FWL
Sec: 34 Twp: 33n Rng: 7w

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) 05/29/2009 13. Date TD: 06/02/2009 14. Date Casing Set or D&A: 06/02/2009

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 3900 TVD 3192 17 Plug Back Total Depth MD 3846 TVD 313818. Elevations GR 6522 KB 6548

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/CCL/RS/RST
logs were uploaded and submitted with preliminary form 5 11/20/2009.

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 |
|-------------|--------------|----------------|-------|---------------|---------------|-----------|---------|---------|--------|
| SURF | 12+1/4 | 8+5/8 | 24 | | 391 | 300 | | 401 | |
| 1ST | 7+7/8 | 5+1/2 | 15.5 | | 3,890 | 432 | 40 | 3,900 | |

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 | 3,131 | 3,668 | <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

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

| Att Doc Num | Name |
|-------------|------|
| | |

Total Attach: 0 Files

General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)