



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.

Document Number:

400153837

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 05-067-09674-00

6. County: LA PLATA

7. Well Name: SPANISH FORK GU A

Well Number: 4

8. Location: QtrQtr: SESW Section: 34 Township: 33N Range: 7W Meridian: N

9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: FRUITLAND COAL

Status: PRODUCING

Treatment Date: 12/01/2010

Date of First Production this formation: 03/18/2011

Perforations	Top:	3365	Bottom:	3680	No. Holes:	300	Hole size:	0.49
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Provide a brief summary of the formation treatment:

Open Hole: ☒

Pumped 2000 gal 15% HCL acid; pumped 110,001 gal gel and pumped 186233 # proppant
SIBHP: 1089 PSIG @ 2957'

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

Test Information:

Date:	05/03/2011	Hours:	24	Bbls oil:	0	Mcf Gas:	145	Bbls H2O:	141
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Calculated 24 hour rate:	Bbls oil:	0	Mcf Gas:	145	Bbls H2O:	141	GOR:
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Test Method: flowing	Casing PSI: 141	Tubing PSI: 141	Choke Size: 1/4
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Gas Disposition:	SOLD	Gas Type:	COAL GAS	BTU Gas:	980	API Gravity Oil:	0
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Tubing Size: 2 + 7/8 Tubing Setting Depth: 3678 Tbg setting date: 02/07/2011 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

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

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400153846	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)