

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:

400150090

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 05-067-09673-00  
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  
9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING  
Treatment Date: 11/29/2010 Date of First Production this formation: 03/08/2011  
Perforations Top: 3262 Bottom: 3376 No. Holes: 180 Hole size: 0.39  
Provide a brief summary of the formation treatment: Open Hole: ☐  
Pumped 15% HCL acid of 3500 gal, pumped 2560 gal gel and 186935# proppant  
This formation is commingled with another formation: ☐ Yes ☒ No  
Test Information:  
Date: 06/12/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 294  
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 294 GOR:   
Test Method: Flowing Casing PSI: 88 Tubing PSI: 88 Choke Size: 1.25  
Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 1008 API Gravity Oil: 0  
Tubing Size: 2 + 7/8 Tubing Setting Depth: 3410 Tbg setting date: 01/25/2011 Packer Depth:   
Reason for Non-Production:  
After repeated attempts to produce the well, it was apparent additional work was required. Though we reported that the well first delivered, it never was able to produce measureable gas or water until 5/28/2011. At this time we are in the process of dewatering the formation in order to produce natural gas.  
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
400150123	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)