

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



DE ET OE ES

Document Number:
400153837

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 05-067-09674-00
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

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
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 145 Bbls H2O: 141 GOR: _____
Test Method: flowing Casing PSI: 141 Tubing PSI: 141 Choke Size: 1/4
Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 980 API Gravity Oil: 0
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: 5/9/2011 Email leeka@bp.com
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Attachment Check List

Att Doc Num	Name
400153837	FORM 5A SUBMITTED
400153846	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)