| FORM 5 Rev 02/08 | **State of Colorado** **Oil and Gas Conservation Commission** 1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109 **DRILLING COMPLETION REPORT** | STATE OF COLORADO OIL & GAS | Document Number: 400328925 Date Received: |

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 [X] Final completion   [ ] Preliminary 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: Patti Campbell

    Phone: (970) 335-3828

    Fax: (970) 335-3837

5. API Number   05-067-08407-00

6. County: LA PLATA

7. Well Name: CREEK GAS UNIT 29-1   Well Number: 2

8. Location: QtrQtr: NWSE   Section: 29   Township: 34N   Range: 8W   Meridian: M

   Footage at surface: Distance: 1460 feet   Direction: FSL   Distance: 1530 feet   Direction: FEL

   As Drilled Latitude: _____   As Drilled Longitude: _____

GPS Data:

   Data of Measurement: _____   PDOP Reading: _____   GPS Instrument Operator's Name: _____

   ** If directional footage at Top of Prod. Zone   Dist.: _____ feet. Direction: _____   Dist.: _____ feet. Direction: _____

                Sec: _____   Twp: _____   Rng: _____

   ** If directional footage at Bottom Hole   Dist.: _____ feet. Direction: _____   Dist.: _____ feet. Direction: _____

                Sec: _____   Twp: _____   Rng: _____

9. Field Name: IGNACIO BLANCO   10. Field Number: 38300

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 04/19/2001 13. Date TD: 04/28/2001 14. Date Casing Set or D&A: 04/24/2012

15. Well Classification:

[ ] Dry   [ ] Oil   [X] Gas/Coalbed   [ ] Disposal   [ ] Stratigraphic   [ ] Enhanced Recovery   [ ] Storage   [ ] Observation

16. Total Depth   MD 3013   TVD** _____   17 Plug Back Total Depth   MD 2997   TVD** _____

18. Elevations   GR 6594   KB 6606 | 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:

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	13+1/2	9+5/8	32.3	0	423	401	0	423	
1ST	8+3/4	7	20	0	2,604	365	0	2,604	
1ST LINER	6+1/4	5+1/2	15.5	2510	3,012	0	0	0	

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____					
Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

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	
			☐	☐	

Comment:

Open hole with a pre-perforated liner installed (Top perf @ 2639', Bottom perf @ 2888'); Open hole, no stimulation, the well is flowing naturally.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____   Print Name: Patricia Campbell

Title: Regulatory Analyst   Date: Email: patricia.campbell@bp.com

Attachment Check List

Att Doc Num	Document Name	attached ?

Attachment Checklist

Att Doc Num	Document Name	attached ?			
	CMT Summary *	Yes ☐	No ☒		
	Core Analysis	Yes ☐	No ☒		
	Directional Survey **	Yes ☐	No ☒		
	DST Analysis	Yes ☐	No ☒		
400331887	Logs	Yes ☐	No ☒		
	Other	Yes ☐	No ☒		

General Comments

User Group	**Comment**	**Comment Date**

Total: 0 comment(s)