

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Table with columns DE, ET, OE, ES

Document Number: 400468278 Date Received: 08/19/2013

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: Patti Campbell Phone: (970) 335-3828 Fax: (970) 335-3837

5. API Number 05-067-07004-00 6. County: LA PLATA 7. Well Name: STATE OF COLORADO AW Well Number: 1 8. Location: QtrQtr: NWNW Section: 36 Township: 35N Range: 7W Meridian: N 9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING Treatment Type:

Treatment Date: End Date: Date of First Production this formation:

Perforations Top: 1472 Bottom: 1713 No. Holes: 248 Hole size: 5/10

Provide a brief summary of the formation treatment: Open Hole: []

2/1/2013 Perf: 1472'-1474', 1492'-1494' 16 shots at .430"

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): Max pressure during treatment (psi): Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): Type of gas used in treatment: Min frac gradient (psi/ft): Total acid used in treatment (bbl): Number of staged intervals: Recycled water used in treatment (bbl): Flowback volume recovered (bbl): Fresh water used in treatment (bbl): Disposition method for flowback: Total proppant used (lbs): Rule 805 green completion techniques were utilized: []

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O: Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR: Test Method: Casing PSI: Tubing PSI: Choke Size: Gas Disposition: Gas Type: Btu Gas: API Gravity Oil: Tubing Size: Tubing Setting Depth: Tbg setting date: 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: ** Wireline and Cement Job Summary must be attached.

Comment:

On February 1, 2013, BP added the following perms to the above referenced well:

1472' - 1474'

1492' - 1494'

Total: 16 shots, .430 in diameter

Please see attached wellbore diagram.

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: 8/19/2013

Email patricia.campbell@bp.com

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Attachment Check List

Att Doc Num

Name

400468278

FORM 5A SUBMITTED

400469645

WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

User Group	Comment	Comment Date

Total: 0 comment(s)