

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:

400087204

**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 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 05-067-09713-00 6. County: LA PLATA  
7. Well Name: PAN AMERICAN FEE GU C Well Number: 2  
8. Location: QtrQtr: NENW Section: 22 Township: 33N Range: 8W Meridian: N

Completed Interval

FORMATION: <u>FRUITLAND COAL</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>05/25/2010</u>		Date of First Production this formation: <u>07/23/2010</u>	
Perforations	Top: <u>3254</u> Bottom: <u>3477</u>	No. Holes: <u>185</u>	Hole size: <u>0.49</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<div>Pumped 3000 gals of HCL acid followed by 2268 gals of x link gel; Pumped 61,287#'s of 20/40 brown sand in expedite SIBHP = 1165 PSIG @ 3157'.</div>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>Test Information:</b>			
Date: <u>08/09/2010</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>523</u> Bbls H2O: <u>62</u>
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>523</u> Bbls H2O: <u>62</u> GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>91</u>	Tubing PSI: <u>93</u>	Choke Size: <u>1/4</u>
Gas Disposition: <u>SOLD</u>	Gas Type: _____	BTU Gas: <u>991</u>	API Gravity Oil: _____
Tubing Size: <u>2 + 7/8</u>	Tubing Setting Depth: <u>3537</u>	Tbg setting date: <u>06/21/2009</u>	Packer Depth: _____
Reason for Non-Production: <div></div>			
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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

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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	Doc Description
400087262	WELLBORE DIAGRAM	Pan American Fee GU C 4 Profile Tubing, Rods 2010.pdf
400087263	WELLBORE DIAGRAM	Pan American Fee GU C 2 Profile w Stimulation 2010.pdf

Total Attach: 2 Files