

FORM
5

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:

400087274

DRILLING COMPLETION REPORT

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 Final completion Preliminary 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
Footage at surface: Direction: FNL Distance: 945 Direction: FWL Distance: 1554
As Drilled Latitude: 37.094042 As Drilled Longitude: -107.708564

GPS Data:

Data of Measurement: 10/08/2009 PDOP Reading: 3.8 GPS Instrument Operator's Name: Bob Cress

** If directional footage

at Top of Prod. Zone Distance: 1829 Direction: FNL Distance: 840 Direction: FWL
at Bottom Hole Distance: 1851 Direction: FNL Distance: 805 Direction: FWL

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

11. Federal, Indian or State Lease Number: Fee

12. Spud Date: (when the 1st bit hit the dirt) 06/16/2009 13. Date TD: 06/20/2009 14. Date Casing Set or D&A: 06/21/2009

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 3794 TVD 3448 17 Plug Back Total Depth MD 3740 TVD 3394

18. Elevations GR 6759 KB 6775

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:

CBL/CCL/GR/RST

20. Casing, Liner and Cement:

CASING

| Casing Type | Size of Hole | Size of Casing | Weight Per Foot | Setting Depth | Sacks Cement | Cement Bottom | Cement Top |
|-------------|--------------|----------------|-----------------|---------------|--------------|---------------|------------|
| CONDUCTOR | | | | | | | |
| SURF | 12+1/4 | 8+5/8 | | 578 | 420 | 578 | 0 |
| 1ST | 7+7/8 | 5+1/2 | 13.5 | 3,794 | 347 | 3,794 | 16 |

REMEDIAL CEMENT

Cement work date: _____

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 | |
| FRUITLAND | 3,210 | 3,618 | <input type="checkbox"/> | <input type="checkbox"/> | |

Comment:

Directional survey and cmt summaries were submitted with the preliminary form 5a 11/19/2009. Logs have been submitted and uploaded

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 Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ **Director of COGCC** Date: _____