

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:

400092343

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 05-067-09711-00 6. County: LA PLATA  
 7. Well Name: GOSNEY GC A Well Number: 3  
 8. Location: QtrQtr: NESW Section: 15 Township: 34N Range: 7W Meridian: N

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING  
 Treatment Date: 07/09/2010 Date of First Production this formation: 08/19/2010  
 Perforations Top: 3180 Bottom: 3255 No. Holes: 210 Hole size: 0.49  
 Provide a brief summary of the formation treatment: Open Hole:   
 Pumped 4000 gals of HCL acid followed by 2268 xlink gel; Pumped 129067# of 20/40 Brown Sand with Expedite; Pumped 281.69bbbls of 13 CPS Delta 140/Expedite frac fluid. SIBHP: 694 PSIG @ 2938'  
 This formation is commingled with another formation:  Yes  No  
**Test Information:**  
 Date: 08/27/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 275 Bbls H2O: 40  
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 275 Bbls H2O: 40 GOR: 0  
 Test Method: Flowing Casing PSI: 119 Tubing PSI: 118 Choke Size: 1/4  
 Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 1013 API Gravity Oil: \_\_\_\_\_  
 Tubing Size: 2 + 7/8 Tubing Setting Depth: 3289 Tbg setting date: 07/09/2010 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: \_\_\_\_\_

Email: leeka@bp.com

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: \_\_\_\_\_