

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400092727

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: Kristina Lee
Phone: (303) 659-9581
Fax: (303) 659-8209

5. API Number 05-067-09712-00
6. County: LA PLATA
7. Well Name: GOSNEY GC A
Well Number: 4
8. Location: QtrQtr: NESW Section: 15 Township: 34N Range: 7W Meridian: N

Completed Interval

FORMATION: <u>FRUITLAND COAL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>06/30/2010</u>	Date of First Production this formation: <u>08/19/2010</u>
Perforations Top: <u>3046</u> Bottom: <u>3205</u>	No. Holes: <u>120</u> Hole size: <u>0.49</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
Pumped 3500 gals of HCL Acid followed by 1512 gals x link gel; Pumped total of 206069# 20/40 brown expedite SIBHP=806' PSIG @ 2919'.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>09/04/2010</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>413</u> Bbls H2O: <u>63</u>	
Calculated 24 hour rate:	Bbls oil: <u>0</u> Mcf Gas: <u>413</u> Bbls H2O: <u>63</u> GOR: <u>0</u>
Test Method: <u>flowing</u> Casing PSI: <u>112</u> Tubing PSI: <u>112</u> Choke Size: <u>1/4</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>COAL GAS</u> BTU Gas: <u>1027</u> API Gravity Oil: _____	
Tubing Size: <u>2 + 7/8</u> Tubing Setting Depth: <u>3222</u> Tbg setting date: <u>07/15/2010</u> Packer Depth: _____	
Reason for Non-Production: _____	
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

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
400092733	WELLBORE DIAGRAM	Gosney Gas Com A 4 Profile.pdf

Total Attach: 1 Files