

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:

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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: 10172
2. Name of Operator: BOPCO LP
3. Address: 9949 SOUTH OSWEGO ST #200
City: PARKER State: CO Zip: 80134
4. Contact Name: Reed Haddock
Phone: (303) 799-5080
Fax: (303) 799-5081

5. API Number 05-103-11266-00
6. County: RIO BLANCO
7. Well Name: YELLOW CREEK
Well Number: XOM 2-42-1
8. Location: QtrQtr: SWNE Section: 2 Township: 1S Range: 98W Meridian: 6

Completed Interval

FORMATION: <u>COZZETTE-CORCORAN</u>		Status: <u>SHUT IN</u>	
Treatment Date: _____		Date of First Production this formation: _____	
Perforations	Top: <u>10452</u> Bottom: <u>10854</u>	No. Holes: <u>54</u>	Hole size: <u>0.36</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Test Information:			
Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: _____		Bbls oil: _____	Mcf Gas: _____ Bbls 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: _____			
A CIBP was set at 10,410 on August 31, 2010.			
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: <u>10410</u>	Sacks cement on top: <u>0</u>		

FORMATION: <u>SEGO</u>				Status: <u>SHUT IN</u>	
Treatment Date: _____		Date of First Production this formation: _____			
Perforations	Top: <u>11561</u>	Bottom: <u>11612</u>	No. Holes: <u>16</u>	Hole size: <u>0.36</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Test Information:					
Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____	
Calculated 24 hour rate:		Bbls oil: _____	Mcf Gas: _____	Bbls 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:					
<div style="border: 1px solid black; padding: 2px;">A CIBP was set at 10,410 on August 31, 2010.</div>					
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, number of sacks cmt _____		
Bridge Plug Depth: <u>10410</u>		Sacks cement on top: <u>0</u>			

FORMATION: <u>WILLIAMS FK-ROLLINS-CAMEO</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>09/12/2010</u>		Date of First Production this formation: <u>09/14/2010</u>			
Perforations	Top: <u>9350</u>	Bottom: <u>10393</u>	No. Holes: <u>132</u>	Hole size: <u>0.36</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
<div style="border: 1px solid black; padding: 2px;">20,609 bbls. of slickwater; 95 bbls. 7.5% HCL; 392,000 lbs. 40/70 Prime Plus RCS</div>					
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Test Information:					
Date: <u>09/19/2010</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>1730</u>	Bbls H2O: <u>1389</u>	
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>1730</u>	Bbls H2O: <u>1389</u>	GOR: _____
Test Method: <u>Flowing</u>	Casing PSI: <u>1236</u>	Tubing PSI: _____	Choke Size: <u>32/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1070</u>	API Gravity Oil: _____		
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____		
Reason for Non-Production:					
<div style="border: 1px solid black; height: 20px; width: 100%;"></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: Reed Haddock

Title: Regulatory Analyst

Date: _____

Email: rhaddock@basspet.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: _____