

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

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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: COZZETTE-CORCORAN Status: SHUT IN
Treatment Date: Date of First Production this formation:
Perforations Top: 10452 Bottom: 10854 No. Holes: 54 Hole size: 0.36
Provide a brief summary of the formation treatment: Open Hole:
This formation is commingled with another formation: Yes 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: Yes No If yes, number of sacks cmt
Bridge Plug Depth: 10410 Sacks cement on top: 0

FORMATION: SEGO Status: SHUT IN

Treatment Date: _____ Date of First Production this formation: _____

Perforations Top: 11561 Bottom: 11612 No. Holes: 16 Hole size: 0.36

Provide a brief summary of the formation treatment: _____ Open Hole:

This formation is commingled with another formation: Yes 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: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 10410 Sacks cement on top: 0

FORMATION: WILLIAMS FK-ROLLINS-CAMEO Status: PRODUCING

Treatment Date: 09/12/2010 Date of First Production this formation: 09/14/2010

Perforations Top: 9350 Bottom: 10393 No. Holes: 132 Hole size: 0.36

Provide a brief summary of the formation treatment: _____ Open Hole:

20,609 bbls. of slickwater; 95 bbls. 7.5% HCL; 392,000 lbs. 40/70 Prime Plus RCS

This formation is commingled with another formation: Yes No

Test Information:

Date: 09/19/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1730 Bbls H2O: 1389

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 1730 Bbls H2O: 1389 GOR: _____

Test Method: Flowing Casing PSI: 1236 Tubing PSI: _____ Choke Size: 32/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1070 API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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: 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: _____