

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:

400100563

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

5. API Number 05-103-11059-00 6. County: RIO BLANCO
7. Well Name: YELLOW CREEK FEDERAL XO Well Number: 2-22-0246
8. Location: QtrQtr: LOT 6 Section: 2 Township: 1S Range: 98W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: CORCORAN Status: SHUT IN
Treatment Date: 12/05/2008 Date of First Production this formation: 12/13/2008
Perforations Top: 10798 Bottom: 11257 No. Holes: 69 Hole size: 0.34
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 10,668' on September 24, 2010.
Date formation Abandoned: 09/24/2010 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt _____
Bridge Plug Depth: 10668 Sacks cement on top: _____

FORMATION: <u>SEGO</u>		Status: <u>SHUT IN</u>	
Treatment Date: <u>10/24/2008</u>		Date of First Production this formation: <u>10/25/2008</u>	
Perforations	Top: <u>11357</u>	Bottom: <u>11720</u>	No. Holes: <u>18</u> Hole size: <u>0.34</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:			
<u>A CIBP was set at 10,668' on September 24, 2010.</u>			
Date formation Abandoned: <u>09/24/2010</u>		Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: <u>10668</u>		Sacks cement on top: _____	

FORMATION: <u>WILLIAMS FK-ROLLINS-CAMEO</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>10/04/2010</u>		Date of First Production this formation: <u>10/08/2010</u>	
Perforations	Top: <u>8799</u>	Bottom: <u>10575</u>	No. Holes: <u>183</u> Hole size: <u>0.36</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>32,583 bbls. slickwater; 88 bbls. 7.5% HCL; 24 bbls. 15% HCL; 576,788 lbs. of 30/50 Prime Plus RCS</u>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: <u>10/10/2010</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>1012</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>1012</u> Bbls H2O: <u>0</u> GOR: _____
Test Method: <u>Flowing</u>	Casing PSI: <u>1408</u>	Tubing PSI: _____	Choke Size: <u>25/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1030</u>	API Gravity Oil: _____
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____
Reason for Non-Production:			
<u></u>			
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:
<u></u>

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: _____