

**FORM  
5A**Rev  
02/08State 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:

2554429

**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: KRIS LEE  
2. Name of Operator: BP AMERICA PRODUCTION COMPANY Phone: (303) 6599581  
3. Address: 501 WESTLAKE PARK BLVD Fax: (303) 6598209  
City: HOUSTON State: TX Zip: 77079

5. API Number 05-067-09644-00 6. County: LA PLATA  
7. Well Name: JONES GU 34-16 Well Number: 4  
8. Location: QtrQtr: NESW Section: 16 Township: 34N Range: 8W Meridian: N  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed IntervalFORMATION: FRUITLAND COAL Status: PRODUCING

Treatment Date: 03/16/2009 Date of First Production this formation: 04/27/2010  
Perforations Top: 2582 Bottom: 2848 No. Holes: 96 Hole size: 40/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

PUMPED 6847 GALS OF 15% HCL ACID FOLLOWED BY A 2464 GALS TREATED WATER FLUSH; FRACD WITH 58515 GALS OF 13 CP DELTA 140 WITH EXPEDITE FRAC FLUID CARRYING 176208#S SUPER LC SAND IN 1196 BBLS OF TOTAL FRAC FLUID, PUMPED 108696 GALS OF GEL WATER. SIBP = 546 PSIG @ 2627.

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: 05/03/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 5 Bbls H2O: 1  
Calculated 24 hour rate: Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_ GOR: 0  
Test Method: FLOWING Casing PSI: 74 Tubing PSI: 26 Choke Size: 1/4  
Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 1008 API Gravity Oil: \_\_\_\_\_  
Tubing Size: 2 + 7/8 Tubing Setting Depth: 2972 Tbg setting date: 07/02/2009 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 LEETitle: REGULATORY SPECIALIST Date: 5/18/2010 Email LEEKA@BP.COM

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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: \_\_\_\_\_

*David S. Neslin*

Director of COGCC

Date: 10/18/2010

**Attachment Check List**

Att Doc Num	Name	Doc Description
2554429	FORM 5A SUBMITTED	LF@2495187 2554429

Total Attach: 1 Files