

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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COMPLETED INTERVAL REPORT

Document Number:

2554429

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: KRIS LEE
Phone: (303) 6599581
Fax: (303) 6598209

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 Interval

FORMATION: 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 LEE

Title: REGULATORY SPECIALIST Date: 5/18/2010 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:

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