

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:

2556251

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) 659-9581
3. Address: 501 WESTLAKE PARK BLVD Fax: (303) 659-8209
City: HOUSTON State: TX Zip: 77079

5. API Number 05-067-09763-00 6. County: LA PLATA
7. Well Name: MASON, ARTHUR GU A Well Number: 4
8. Location: QtrQtr: NWSW Section: 20 Township: 34N Range: 9W Meridian: M
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>FRUITLAND COAL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>04/12/2010</u>	Date of First Production this formation: <u>05/26/2010</u>
Perforations Top: <u>2772</u> Bottom: <u>3094</u>	No. Holes: <u>150</u> Hole size: <u>49/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
PUMPED 5000 GALS OF HYDROCHLORIC ACID; FRAC'D WITH 258,636# OF 20/40 BROWN SAND W/EXPEDITE AND 140,868 GAL GEL. SIBHP = 356 PSIG @ 2801'.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>06/02/2010</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>214</u> Bbls H2O: <u>38</u>	
Calculated 24 hour rate:	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
Test Method: <u>FLOWING</u> Casing PSI: <u>84</u> Tubing PSI: <u>84</u> Choke Size: <u>1/4</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>COAL GAS</u> BTU Gas: _____ API Gravity Oil: _____	
Tubing Size: <u>2 + 7/8</u> Tubing Setting Depth: <u>3177</u> Tbg setting date: <u>04/22/2010</u> Packer Depth: _____	
Reason for Non-Production: _____	
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: KRISTINA A. LEE
Title: REGULATORY Date: 6/23/2010 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: 10/22/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2556251	FORM 5A SUBMITTED	LF @ 2512335 2556251
2556252	WELLBORE DIAGRAM	LF @ 2512336 2556252

Total Attach: 2 Files