

FORM
5Rev
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:

2556250

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☒ Final completion ☐ Preliminary 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
Footage at surface: Direction: FSL Distance: 2461 Direction: FWL Distance: 807
As Drilled Latitude: 37.176044 As Drilled Longitude: -107.855094

GPS Data:

Data of Measurement: 01/06/2010 PDOP Reading: 6.3 GPS Instrument Operator's Name: BOB CRESS

** If directional footage

at Top of Prod. Zone Distance: 1975 Direction: FSL Distance: 1906 Direction: FWL
Sec: 20 Twp: 34N Rng: 9W
at Bottom Hole Distance: 1972 Direction: FSL Distance: 1924 Direction: FWL
Sec: 20 Twp: 34N Rng: 9W

9. Field Name: IGNACIO BLANCO 10. Field Number: 38300

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 12/29/2009 13. Date TD: 01/02/2010 14. Date Casing Set or D&A: 01/03/2010

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 3336 TVD 3010 17 Plug Back Total Depth MD 3275 TVD 294918. Elevations GR 6602 KB 6619

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

CBL/RST

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Top	Cement Bot	Status
SURF	12+1/4	8+5/8		709	500	0	718	
1ST	7+7/8	5+1/2		3,319	220	0	3,336	

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
FRUITLAND COAL	2,709	3,114	<input type="checkbox"/>	<input type="checkbox"/>	

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 Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____

David S. Nash

Director of COGCC

Date: 11/4/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2556250	FORM 5 SUBMITTED	LF@2512334 2556250

Total Attach: 1 Files