

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



DE ET OE ES

Document Number:

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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: Kristina 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 05-067-09676-00 6. County: LA PLATA
 7. Well Name: JONES, LAURANCE GU A Well Number: 4
 8. Location: QtrQtr: NWNE Section: 7 Township: 34N Range: 7W Meridian: M
 9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING

Treatment Date: 07/15/2010 Date of First Production this formation: 10/05/2010
 Perforations Top: 2530 Bottom: 2740 No. Holes: 300 Hole size: 0.49

Provide a brief summary of the formation treatment: _____ Open Hole:
 Pumped 5000 gal HCL Acid, pumped 3482 gal gel & 265904# proppant
 SIBHP: 733 PSIG @ 2422'

This formation is commingled with another formation: Yes No

Test Information:
 Date: 11/06/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 76 Bbls H2O: 88
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 76 Bbls H2O: 88 GOR: _____
 Test Method: Flowing Casing PSI: 75 Tubing PSI: 74 Choke Size: 1/4
 Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 1012 API Gravity Oil: _____
 Tubing Size: 2 + 7/8 Tubing Setting Depth: 2804 Tbg setting date: 07/29/2010 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 Consultant-BP

Date: _____

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: _____

Director of COGCC

Date: _____