

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:

400111443

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: Kristina Lee
Phone: (303) 659-9581
Fax: (303) 659-8209

5. API Number 05-067-09677-00
6. County: LA PLATA
7. Well Name: MCCARVILLE GU C
Well Number: 4
8. Location: QtrQtr: NWSW Section: 23 Township: 33N Range: 9W Meridian: N
9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING
Treatment Date: 08/05/2010 Date of First Production this formation: 10/18/2010
Perforations Top: 3200 Bottom: 3460 No. Holes: 240 Hole size: 0.49
Provide a brief summary of the formation treatment: Open Hole: [X]
Pumped 5500 gal 15% hcl acid, pumped 2997 gal gel and 195792# 20/40 proppant SIBHP: 785 @ 3138'.
This formation is commingled with another formation: [ ] Yes [X] No
Test Information:
Date: 11/01/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 126 Bbls H2O: 35
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 126 Bbls H2O: 35 GOR:
Test Method: Flowing Casing PSI: 87 Tubing PSI: 86 Choke Size: 1/4
Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 1000 API Gravity Oil:
Tubing Size: 2 + 7/8 Tubing Setting Depth: 3680 Tbg setting date: 08/27/2010 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: \_\_\_\_\_

**Attachment Check List**

<u>Att Doc Num</u>	<u>Name</u>
400111492	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)