

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:

400111443

**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 05-067-09677-00 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: <u>FRUITLAND COAL</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>08/05/2010</u>		Date of First Production this formation: <u>10/18/2010</u>	
Perforations	Top: <u>3200</u>	Bottom: <u>3460</u>	No. Holes: <u>240</u> Hole size: <u>0.49</u>
Provide a brief summary of the formation treatment:		Open Hole: <input checked="" type="checkbox"/>	
<u>Pumped 5500 gal 15% hcl acid, pumped 2997 gal gel and 195792# 20/40 proppant</u> <u>SIBHP: 785 @ 3138'.</u>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>Test Information:</b>			
Date: <u>11/01/2010</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>126</u> Bbls H2O: <u>35</u>
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>126</u> Bbls H2O: <u>35</u> GOR: <u></u>
Test Method: <u>Flowing</u>	Casing PSI: <u>87</u>	Tubing PSI: <u>86</u>	Choke Size: <u>1/4</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>COAL GAS</u>	BTU Gas: <u>1000</u>	API Gravity Oil: <u></u>
Tubing Size: <u>2 + 7/8</u>	Tubing Setting Depth: <u>3680</u>	Tbg setting date: <u>08/27/2010</u>	Packer Depth: <u></u>
Reason for Non-Production: <u></u>			
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u>			
Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>			

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**

Att Doc Num	Name
400111492	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)