

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



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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.

Document Number:

2609823

Completion Type ☐ Final completion ☒ Preliminary completion

1. OGCC Operator Number: 10000 4. Contact Name: RANDY LOUDENBURG
2. Name of Operator: BP AMERICA PRODUCTION COMPANY Phone: (970) 247-6800
3. Address: 501 WESTLAKE PARK BLVD Fax: (970) 247-6825
City: HOUSTON State: TX Zip: 77079

5. API Number 05-067-09708-00 6. County: LA PLATA
7. Well Name: KLUSMAN GU A Well Number: 3
8. Location: QtrQtr: NENW Section: 3 Township: 33N Range: 8W Meridian: N
Footage at surface: Distance: 1173 feet Direction: FNL Distance: 1384 feet Direction: FWL
As Drilled Latitude: 37.137129 As Drilled Longitude: -107.709069

GPS Data:

Data of Measurement: 10/02/2009 PDOP Reading: 2.5 GPS Instrument Operator's Name: BOB CRESS

** If directional footage

at Top of Prod. Zone Distance: 1855 feet Direction: FNL Distance: 2284 feet Direction: FWL
Sec: 3 Twp: 33N Rng: 8W
at Bottom Hole Distance: 1884 feet Direction: FNL Distance: 2321 feet Direction: FWL
Sec: 3 Twp: 33N Rng: 8W

9. Field Name: IGNACIO BLANCO 10. Field Number: 3830011. Federal, Indian or State Lease Number: FEE12. Spud Date: (when the 1st bit hit the dirt) 08/15/2009 13. Date TD: 08/18/2009 14. Date Casing Set or D&A: 08/18/2009

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 3611 TVD 3266 17 Plug Back Total Depth MD TVD 18. Elevations GR 6613 KB 6629

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:

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	8+5/8		0	429	265		429	
1ST	7+7/8	5+1/2		0	3,600	350		3,600	

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

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	
			<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: Y _____ Print Name: RANDY LOUDENBURG _____

Title: PERMITTING AGENT Date: 11/25/2009 Email: RLOUDENBURG@TIMEBERLINELAND.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:  Director of COGCC Date: 2/7/2011

Attachment Check List

Att Doc Num	Name
2070385	DIRECTIONAL SURVEY

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)