

**FORM
5**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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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:

2609825

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 05-067-09677-00 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
Footage at surface: Distance: 1658 feet Direction: FSL Distance: 1029 feet Direction: FWL
As Drilled Latitude: 37.086519 As Drilled Longitude: -107.801283

GPS Data:

Data of Measurement: 10/02/2009 PDOP Reading: 2.1 GPS Instrument Operator's Name: BOB CRESS

** If directional footage

at Top of Prod. Zone Distance: 801 feet Direction: FSL Distance: 1785 feet Direction: FWL
Sec: 23 Twp: 33N Rng: 9W
at Bottom Hole Distance: 777 feet Direction: FSL Distance: 1813 feet Direction: FWL
Sec: 23 Twp: 33N Rng: 9W

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) 08/06/2009 13. Date TD: 08/08/2009 14. Date Casing Set or D&A: 08/09/2009

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 3810 TVD 3460 17 Plug Back Total Depth MD TVD 18. Elevations GR 6634 KB 6650

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	393	300		393	CALC
1ST	7+7/8	5+1/2		0	3,780	370		3,780	CALC

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:

PRELIMINARY

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: David S. Nash Director of COGCC Date: 2/7/2011

Attachment Check List

Att Doc Num	Name
2070373	DIRECTIONAL SURVEY

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)