

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:
400094054

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 05-067-09700-00
6. County: LA PLATA
7. Well Name: SNOOK GU C Well Number: 4
8. Location: QtrQtr: NENE Section: 7 Township: 32N Range: 7W Meridian: N
9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING

Treatment Date: 08/11/2009 Date of First Production this formation: 08/20/2010

Perforations Top: 3418 Bottom: 3554 No. Holes: 274 Hole size: 0.4

Provide a brief summary of the formation treatment: Open Hole:

Pumped 4669 gals of 15% HCL acid followed by 8836 gals of treated water flush; Pumped 262,284#'s of 20/40 brown sand in expedite coat followed by 251 bbls linear gel flush; Pumped 149,184 gals of gel water.

This formation is commingled with another formation: Yes No

Test Information:

Date: 08/20/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 270 Bbls H2O: 94

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 270 Bbls H2O: 94 GOR: 0

Test Method: Flowing Casing PSI: 531 Tubing PSI: 98 Choke Size: 1/4

Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 970 API Gravity Oil: 0

Tubing Size: 2 + 7/8 Tubing Setting Depth: 3664 Tbg setting date: 08/21/2009 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: 9/21/2010 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: David S. Neslin Director of COGCC Date: 2/16/2011

Attachment Check List

Att Doc Num	Name
400094054	FORM 5A SUBMITTED
400094056	WELLBORE DIAGRAM
400094057	WELLBORE DIAGRAM

Total Attach: 3 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)