

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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Document Number:

400095955

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 05-067-09693-00

6. County: LA PLATA

7. Well Name: SPARKS GU B

Well Number: 2

8. Location: QtrQtr: SWNW Section: 29 Township: 34N Range: 7W Meridian: M

9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: FRUITLAND COAL

Status: PRODUCING

Treatment Date: 06/13/2010

Date of First Production this formation: 08/30/2010

Perforations	Top:	3230	Bottom:	3385	No. Holes:	240	Hole size:	0.49
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Provide a brief summary of the formation treatment:

Open Hole:

Pumped a total of 5000 15% HCL acid; and then pumped a total of 145991# 20/40 Rock Sand proppant; Pumped a total of 1820 gal gel.
SIBHP: 1353 psig @ 2893'

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date:	10/28/2010	Hours:	24	Bbls oil:	0	Mcf Gas:	448	Bbls H2O:	63
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Calculated 24 hour rate:	Bbls oil:	0	Mcf Gas:	448	Bbls H2O:	63	GOR:
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Test Method: Flowing	Casing PSI: 114	Tubing PSI: 114	Choke Size: 1/4
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Gas Disposition:	SOLD	Gas Type:	COAL GAS	BTU Gas:	994	API Gravity Oil:	0
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Tubing Size: 2 + 7/8 Tubing Setting Depth: 3414 Tbg setting date: 06/28/2010 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: 11/10/2010 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
400095955	FORM 5A SUBMITTED
400096238	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)