

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

COMPLETED INTERVAL REPORT

Document Number:

2505191

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: KRIS 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 05-067-09732-00 6. County: LA PLATA  
 7. Well Name: CRAIG GU Well Number: 3  
 8. Location: QtrQtr: SENW Section: 16 Township: 34N Range: 9W Meridian: M  
 9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING  
 Treatment Date: 05/09/2010 Date of First Production this formation: 06/23/2010  
 Perforations Top: 2756 Bottom: 2950 No. Holes: 270 Hole size: 49/100  
 Provide a brief summary of the formation treatment: Open Hole:   
PUMPED 5000 GALS OF HYDROCHLORIC ACID, PUMPED 2268 GAL GEL; PUMPED 239440# 20/40 BROWN SAND IN EXPEDITE SIBHP = 489 PSIG @ 2664'.  
 This formation is commingled with another formation:  Yes  No  
**Test Information:**  
 Date: 07/11/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 207 Bbls H2O: 91  
 Calculated 24 hour rate: Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_ GOR: \_\_\_\_\_  
 Test Method: FLOWING Casing PSI: 96 Tubing PSI: 94 Choke Size: 1/4  
 Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 1005 API Gravity Oil: 0  
 Tubing Size: 2 + 7/8 Tubing Setting Depth: 3008 Tbg setting date: 05/21/2010 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 A. LEE  
 Title: REGULATORY Date: 7/14/2010 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
2505191	FORM 5A SUBMITTED
2505192	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

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

Total: 0 comment(s)