

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:

2512175

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: KRIS LEE
Phone: (303) 6599581
Fax: (303) 6598209

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
9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING
Treatment Date: 06/01/2010 Date of First Production this formation: 07/21/2010
Perforations Top: 2990 Bottom: 3218 No. Holes: 198 Hole size: 49/100
Provide a brief summary of the formation treatment: Open Hole:
PUMPED 4000 GALS OF HCL ACID FOLLOWED YB 2268 GALS OF X LINK GEL: PUMPED 208,716#S OF 20/40 BROWN SAND EXPEDITE.
SIPBH = 1148 @ 2907
This formation is commingled with another formation: Yes No
Test Information:
Date: 08/12/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 107 Bbls H2O: 63
Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR:
Test Method: FLOWING Casing PSI: 129 Tubing PSI: 131 Choke Size: 25/100
Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 1035 API Gravity Oil: 0
Tubing Size: 2 + 7/8 Tubing Setting Depth: 3285 Tbg setting date: 08/13/2010 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 SPECIALIST Date: 8/19/2010 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
2512175	FORM 5A SUBMITTED
2512176	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)