



## 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.

Document Number:

2512175

1. OGCC Operator Number: 10000

4. Contact Name: KRIS LEE

2. Name of Operator: BP AMERICA PRODUCTION COMPANY

Phone: (303) 6599581

3. Address: 501 WESTLAKE PARK BLVD

Fax: (303) 6598209

City: HOUSTON State: TX Zip: 77079

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
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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
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Calculated 24 hour rate:	Bbls oil:	Mcf Gas:	Bbls H2O:	GOR:
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Test Method: FLOWING	Casing PSI: 129	Tubing PSI: 131	Choke Size: 25/100
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Gas Disposition:	SOLD	Gas Type:	COAL GAS	BTU Gas:	1035	API Gravity Oil:	0
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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**

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

Total: 0 comment(s)