

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:
2512178

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) 6592809

5. API Number 05-067-09764-00
6. County: LA PLATA
7. Well Name: BARNES, JOHN GU A Well Number: 3
8. Location: QtrQtr: SESE Section: 4 Township: 33N Range: 9W Meridian: N
9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING

Treatment Date: 05/31/2010 Date of First Production this formation: 07/19/2010

Perforations Top: 2480 Bottom: 2767 No. Holes: 252 Hole size: 49/100

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

PUMPED 5500 GALS OF HCL ACID FOLLEDWED BY 2268 OF X LINK GEL, PUMPED 264,286#S OF 20/40 BROWN SAND IN EXPEDITE.
SIBHP = 908PSIG @ 2685.

This formation is commingled with another formation: Yes No

Test Information:

Date: 08/16/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 920 Bbls H2O: 150

Calculated 24 hour rate: Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____

Test Method: FLOWING Casing PSI: 147 Tubing PSI: 60 Choke Size: 25/100

Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 976 API Gravity Oil: 0

Tubing Size: 2 + 7/8 Tubing Setting Depth: 2838 Tbg setting date: 06/14/2010 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
2512178	FORM 5A SUBMITTED
2512179	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)