

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:

400100441

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 05-067-09761-00

6. County: LA PLATA

7. Well Name: LAMKE GU A

Well Number: 3

8. Location: QtrQtr: NENW Section: 27 Township: 34N Range: 8W Meridian: M

9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: FRUITLAND COAL

Status: PRODUCING

Treatment Date: 07/18/2010

Date of First Production this formation: 09/27/2010

Perforations	Top:	3022	Bottom:	3110	No. Holes:	150	Hole size:	0.49
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Provide a brief summary of the formation treatment:

Open Hole: ☒

Pumped 3000 gal HCL Acid, pumped 2812 gal gel and 216,619# proppant
SIBHP: 551 PSIG @ 2775'.

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

Test Information:

Date:	10/13/2010	Hours:	24	Bbls oil:	0	Mcf Gas:	340	Bbls H2O:	36
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Calculated 24 hour rate:	Bbls oil:	0	Mcf Gas:	340	Bbls H2O:	36	GOR:
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Test Method: Flowing	Casing PSI: 146	Tubing PSI: 138	Choke Size: 1/4
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Gas Disposition:	SOLD	Gas Type:	COAL GAS	BTU Gas:	998	API Gravity Oil:	0
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Tubing Size: 2 + 7/8 Tubing Setting Depth: 3680 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 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: 2/18/2011

Attachment Check List

Att Doc Num	Name
400100441	FORM 5A SUBMITTED
400107620	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)