

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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Document Number:

400100486

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 05-067-09676-00 6. County: LA PLATA
7. Well Name: JONES, LAURANCE GU A Well Number: 4
8. Location: QtrQtr: NWNE Section: 7 Township: 34N Range: 7W Meridian: M
9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: <u>FRUITLAND COAL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>07/15/2010</u>	Date of First Production this formation: <u>10/05/2010</u>
Perforations Top: <u>2530</u> Bottom: <u>2740</u>	No. Holes: <u>300</u> Hole size: <u>0.49</u>
Provide a brief summary of the formation treatment:	Open Hole: <input checked="" type="checkbox"/>
Pumped 5000 gal HCL Acid, pumped 3482 gal gel & 265904# proppant SIBHP: 733 PSIG @ 2422'	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>11/06/2010</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>76</u> Bbls H2O: <u>88</u>	
Calculated 24 hour rate:	Bbls oil: <u>0</u> Mcf Gas: <u>76</u> Bbls H2O: <u>88</u> GOR: <u>0</u>
Test Method: <u>Flowing</u> Casing PSI: <u>75</u> Tubing PSI: <u>74</u> Choke Size: <u>1/4</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>COAL GAS</u> BTU Gas: <u>1012</u> API Gravity Oil: <u>0</u>	
Tubing Size: <u>2 + 7/8</u> Tubing Setting Depth: <u>2804</u> Tbg setting date: <u>07/29/2010</u> Packer Depth: _____	
Reason for Non-Production: _____	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: 2/23/2011

Attachment Check List

Att Doc Num	Name
400100486	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)