

FORM
5
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



DE ET OE ES

DRILLING COMPLETION REPORT

Document Number:

2512177

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type Final completion Preliminary completion

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 05-067-09764-00 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
Footage at surface: Distance: 1284 feet Direction: FSL Distance: 1137 feet Direction: FEL
As Drilled Latitude: 37.129202 As Drilled Longitude: -107.826221

GPS Data:
Data of Measurement: 11/12/2009 PDOP Reading: 0.0 GPS Instrument Operator's Name: BOB CRESS

** If directional footage
at Top of Prod. Zone Distance: 1747 feet Direction: FSL Distance: 811 feet Direction: FEL
Sec: 4 Twp: 33N Rng: 9W
at Bottom Hole Distance: 1759 feet Direction: FSL Distance: 763 feet Direction: FEL
Sec: 4 Twp: 33N Rng: 9W

9. Field Name: IGNACIO BLANCO 10. Field Number: 38300
11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 10/22/2009 13. Date TD: 10/25/2009 14. Date Casing Set or D&A: 10/26/2009

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 3049 TVD 2931 17 Plug Back Total Depth MD 3038 TVD 2920

18. Elevations GR 6278 KB 6294 One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:
CBL/RST

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	12+1/4	8+5/8		0	402	300	0	412	CBL
SURF	7+7/8	5+1/2		0	3,039	285	0	3,039	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
FRUITLAND COAL	2,388	2,797	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

cmt tkts, D/S and logs submitted with prelim form 5

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

Attachment Check List

Att Doc Num	Name
2512177	FORM 5 SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)