

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

Document Number:
400118148

DRILLING COMPLETION REPORT

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: 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 05-067-09640-00 6. County: LA PLATA
7. Well Name: KLUSMAN RANCHES GU Well Number: 4
8. Location: QtrQtr: NWNE Section: 11 Township: 33N Range: 8W Meridian: N
Footage at surface: Distance: 1110 feet Direction: FNL Distance: 1659 feet Direction: FEL
As Drilled Latitude: 37.122826 As Drilled Longitude: -107.683145

GPS Data:

Data of Measurement: 10/08/2009 PDOP Reading: 1.8 GPS Instrument Operator's Name: Bob Cress

** If directional footage

at Top of Prod. Zone Distance: 2127 feet Direction: FNL Distance: 1861 feet Direction: FEL
Sec: 11 Twp: 33 Rng: 8
at Bottom Hole Distance: 2479 feet Direction: FNL Distance: 1947 feet Direction: FEL
Sec: 11 Twp: 33 Rng: 8

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

12. Spud Date: (when the 1st bit hit the dirt) 06/05/2009 13. Date TD: 06/09/2009 14. Date Casing Set or D&A: 06/10/2009

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 3552 TVD 3176 17 Plug Back Total Depth MD 3540 TVD 3164

18. Elevations GR 6662 KB 6678

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/CCL/GR/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				16					
SURF	12+1/4	8+5/8	24	16	466	369	16	476	
1ST	7+7/8	5+1/2	15.5	16	3,542	444	16	3,552	

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	2,818	3,308	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

The logs, cmt tkts and directional plans were submitted with the preliminary form 5 11/19/2009.

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: 12/21/2010 Email: leeka@bp.com

Attachment Check List

Att Doc Num	Name
400118148	FORM 5 SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)