


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		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number: <div style="border: 1px solid black; padding: 5px; text-align: center;">2556467</div>	DE	ET	OE	ES
DE	ET	OE	ES				
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: <u>5</u>		4. Contact Name: <u>STEVE LINDBLOM</u>					
2. Name of Operator: <u>COLORADO OIL & GAS CONSERVATION COMMISS</u>		Phone: <u>(303) 894-2100EXT114</u>					
3. Address: <u>1120 LINCOLN ST SUITE 801</u>		Fax: _____					
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80203</u>							
5. API Number <u>05-067-09794-00</u>		6. County: <u>LA PLATA</u>					
7. Well Name: <u>BP HIGHLANDS</u>		Well Number: <u>1</u>					
8. Location: QtrQtr: <u>NENW</u> Section: <u>15</u> Township: <u>35N</u> Range: <u>7W</u> Meridian: <u>N</u>							
9. Field Name: <u>IGNACIO BLANCO</u>		Field Code: <u>38300</u>					
<u>Completed Interval</u>							
FORMATION: <u>FRUITLAND</u>		Status: <u>SHUT IN</u>					
Treatment Date: <u>10/09/2010</u>		Date of First Production this formation: <u>10/09/2010</u>					
Perforations Top: <u>182</u> Bottom: <u>194</u>		No. Holes: <u>48</u> Hole size: _____					
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>					
<div style="border: 1px solid black; padding: 2px;">WELL SWABBED IN PROPARATION FOR INSTALLING MONITORING EQUIPMENT.</div>							
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Test Information:							
Date: _____ Hours: _____		Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____					
Calculated 24 hour rate: _____		Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____					
Test Method: _____		Casing PSI: _____ Tubing PSI: _____ Choke Size: _____					
Gas Disposition: _____		Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____					
Tubing Size: _____		Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____					
Reason for Non-Production:							
<div style="border: 1px solid black; padding: 2px;">MONITOR WELL ONLY</div>							
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: <u>DENNY G FOUST</u>					
Title: <u>AGENT</u>		Date: <u>6/25/2010</u> Email <u>DEMMY.FOUST@SOUDERMILLER.COM</u>					

Attachment Check List

Att Doc Num	Name
2556467	FORM 5A SUBMITTED
2556468	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)