


<b>FORM</b> <b>5</b> Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 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:  400097104	DE	ET	OE	ES
DE	ET	OE	ES				
<b>DRILLING COMPLETION REPORT</b>							
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 <input type="checkbox"/> Final completion <input checked="" type="checkbox"/> 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    05-067-09690-00		6. County:    LA PLATA					
7. Well Name:    PATRICK, GARU GU		Well Number:    2					
8. Location:    QtrQtr:    SWNW    Section:    29    Township:    34N    Range:    7W    Meridian:    M							
Footage at surface:    Distance:    2491    feet    Direction:    FNL    Distance:    1007    feet    Direction:    FWL							
As Drilled Latitude:    37.162507	As Drilled Longitude:    -107.637732						
GPS Data:							
Data of Measurement:    12/21/2009    PDOP Reading:    6.4    GPS Instrument Operator's Name:    Bob Cress							
** If directional footage at Top of Prod. Zone    Dist.:    830    feet. Direction:    FSL    Dist.:    1047    feet. Direction:    FWL							
Sec:    29    Twp:    34N    Rng:    7W							
** If directional footage at Bottom Hole    Dist.:    730    feet. Direction:    FSL    Dist.:    1044    feet. Direction:    FWL							
Sec:    29    Twp:    34N    Rng:    7W							
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)    11/24/2009    13. Date TD:    11/28/2009    14. Date Casing Set or D&A:    11/27/2009							
15. Well Classification:							
<input type="checkbox"/> Dry <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Gas/Coalbed <input type="checkbox"/> Disposal <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Storage <input type="checkbox"/> Observation							
16. Total Depth    MD    3892    TVD**    3206		17 Plug Back Total Depth    MD    3806    TVD**    3120					
18. Elevations    GR    6731    KB    6748		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:

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

### CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR				0					
SURF	12+1/4	8+5/8		0	479	350	0	490	
S.C. 1.1	7+7/8	5+1/2		0	3,882	395	0	3,883	

### 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	3,403	3,654	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Logs were uploaded 5/4/2010. Directional reports and cement tickets were submitted with the preliminary form 5 12/23/2009

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: 10/4/2010 Email: leeka@bp.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400097104	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
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Total: 1 comment(s)