

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 with columns DE, ET, OE, ES

Document Number: 400093617

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: 10172 4. Contact Name: Reed Haddock
2. Name of Operator: BOPCO LP Phone: (303) 799-5080
3. Address: 9949 SOUTH OSWEGO ST #200 City: PARKER State: CO Zip: 80134 Fax: (303) 799-5081

5. API Number 05-103-11265-00 6. County: RIO BLANCO
7. Well Name: YELLOW CREEK Well Number: XOM 2-35-1
8. Location: QtrQtr: NWSE Section: 2 Township: 1S Range: 98W Meridian: 6
9. Field Name: YELLOW CREEK Field Code: 97955

Completed Interval

FORMATION: CORCORAN Status: SHUT IN
Treatment Date: Date of First Production this formation:
Perforations Top: 10628 Bottom: 11126 No. Holes: 69 Hole size: 0.34
Provide a brief summary of the formation treatment: Open Hole:
This formation is commingled with another formation: [X] Yes [] 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:
A CIBP was set at 10,480 on August 27, 2010.
Date formation Abandoned: Squeeze: [] Yes [X] No If yes, number of sacks cmt
Bridge Plug Depth: 10480 Sacks cement on top: 0

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: SEGO Status: SHUT IN

Treatment Date: _____ Date of First Production this formation: _____

Perforations Top: 11228 Bottom: 11581 No. Holes: 50 Hole size: 0.34

Provide a brief summary of the formation treatment: _____ Open Hole:

This formation is commingled with another formation: Yes 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:
A CIBP was set at 10,480 on August 27, 2010.

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 10480 Sacks cement on top: 0

FORMATION: WILLIAMS FK-ROLLINS-CAMEO Status: PRODUCING

Treatment Date: 09/07/2010 Date of First Production this formation: 09/12/2010

Perforations Top: 8598 Bottom: 10443 No. Holes: 225 Hole size: 0.36

Provide a brief summary of the formation treatment: _____ Open Hole:

32,654 bbls slickwater; 167 bbls. 7.5% HCL; 526,615 lbs. 40/70 Prime Plus RCS

This formation is commingled with another formation: Yes No

Test Information:

Date: 09/14/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1386 Bbls H2O: 1526

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 1386 Bbls H2O: 1526 GOR: _____

Test Method: Flowing Casing PSI: 1440 Tubing PSI: _____ Choke Size: 26/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1070 API Gravity Oil: 0

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production:

Date formation Abandoned: _____ Squeeze: Yes 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: Reed Haddock

Title: Regulatory Analyst Date: 9/24/2010 Email: rhaddock@basspet.com

Attachment Check List

Att Doc Num	Name
400093617	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)