


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="text-align: center; font-weight: bold;">400093617</div>	DE	ET	OE	ES				
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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.											
<table style="width: 100%;"> <tr> <td style="width: 50%;">1. OGCC Operator Number: <u>10172</u></td> <td style="width: 50%;">4. Contact Name: <u>Reed Haddock</u></td> </tr> <tr> <td>2. Name of Operator: <u>BOPCO LP</u></td> <td>Phone: <u>(303) 799-5080</u></td> </tr> <tr> <td>3. Address: <u>9949 SOUTH OSWEGO ST #200</u></td> <td>Fax: <u>(303) 799-5081</u></td> </tr> <tr> <td>City: <u>PARKER</u> State: <u>CO</u> Zip: <u>80134</u></td> <td></td> </tr> </table>				1. OGCC Operator Number: <u>10172</u>	4. Contact Name: <u>Reed Haddock</u>	2. Name of Operator: <u>BOPCO LP</u>	Phone: <u>(303) 799-5080</u>	3. Address: <u>9949 SOUTH OSWEGO ST #200</u>	Fax: <u>(303) 799-5081</u>	City: <u>PARKER</u> State: <u>CO</u> Zip: <u>80134</u>	
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<u>Completed Interval</u>											
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Treatment Date: _____ Date of First Production this formation: _____											
Perforations Top: <u>10628</u> Bottom: <u>11126</u> No. Holes: <u>69</u> Hole size: <u>0.34</u>											
Provide a brief summary of the formation treatment: _____ Open Hole: <input type="checkbox"/>											
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input 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;">A CIBP was set at 10,480 on August 27, 2010.</div>											
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, number of sacks cmt _____											
Bridge Plug Depth: <u>10480</u> Sacks cement on top: <u>0</u>											

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: <u>SEGO</u>		Status: <u>SHUT IN</u>		
Treatment Date: _____		Date of First Production this formation: _____		
Perforations	Top: <u>11228</u>	Bottom: <u>11581</u>	No. Holes: <u>50</u>	Hole size: <u>0.34</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<div style="border: 1px solid black; height: 15px; margin-top: 5px;"></div>				
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input 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; margin-top: 5px;">A CIBP was set at 10,480 on August 27, 2010.</div>				
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, number of sacks cmt _____	
Bridge Plug Depth: <u>10480</u>	Sacks cement on top: <u>0</u>			

FORMATION: <u>WILLIAMS FK-ROLLINS-CAMEO</u>		Status: <u>PRODUCING</u>		
Treatment Date: <u>09/07/2010</u>		Date of First Production this formation: <u>09/12/2010</u>		
Perforations	Top: <u>8598</u>	Bottom: <u>10443</u>	No. Holes: <u>225</u>	Hole size: <u>0.36</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<div style="border: 1px solid black; padding: 2px; margin-top: 5px;">32,654 bbls slickwater; 167 bbls. 7.5% HCL; 526,615 lbs. 40/70 Prime Plus RCS</div>				
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Test Information:				
Date: <u>09/14/2010</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>1386</u>	Bbls H2O: <u>1526</u>
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>1386</u>	Bbls H2O: <u>1526</u> GOR: _____
Test Method: <u>Flowing</u>	Casing PSI: <u>1440</u>	Tubing PSI: _____	Choke Size: <u>26/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1070</u>	API Gravity Oil: <u>0</u>	
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____	
Reason for Non-Production:				
<div style="border: 1px solid black; height: 15px; margin-top: 5px;"></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:
<div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.			
Signed: _____		Print Name: <u>Reed Haddock</u>	
Title: <u>Regulatory Analyst</u>	Date: <u>9/24/2010</u>	Email <u>rhaddock@basspet.com</u>	

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)