

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>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: <div style="text-align: center; font-weight: bold;">400100563</div>				
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>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>	

5. API Number <u>05-103-11059-00</u>	6. County: <u>RIO BLANCO</u>
7. Well Name: <u>YELLOW CREEK FEDERAL XO</u>	Well Number: <u>2-22-0246</u>
8. Location: QtrQtr: <u>LOT 6</u> Section: <u>2</u> Township: <u>1S</u> Range: <u>98W</u> Meridian: <u>6</u>	
9. Field Name: <u>YELLOW CREEK</u> Field Code: <u>97955</u>	

Completed Interval

FORMATION: <u>CORCORAN</u>	Status: <u>SHUT IN</u>
Treatment Date: <u>12/05/2008</u>	Date of First Production this formation: <u>12/13/2008</u>
Perforations Top: <u>10798</u> Bottom: <u>11257</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; font-size: small;"> A CIBP was set at 10,668' on September 24, 2010. </div>	
Date formation Abandoned: <u>09/24/2010</u> Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, number of sacks cmt _____	
Bridge Plug Depth: <u>10668</u> Sacks cement on top: _____	

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: SEGO Status: SHUT IN

Treatment Date: 10/24/2008 Date of First Production this formation: 10/25/2008

Perforations Top: 11357 Bottom: 11720 No. Holes: 18 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 10,668' on September 24, 2010.

Date formation Abandoned: 09/24/2010 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 10668 Sacks cement on top: _____

FORMATION: WILLIAMS FK-ROLLINS-CAMEO Status: PRODUCING

Treatment Date: 10/04/2010 Date of First Production this formation: 10/08/2010

Perforations Top: 8799 Bottom: 10575 No. Holes: 183 Hole size: 0.36

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

32,583 bbls. slickwater; 88 bbls. 7.5% HCL; 24 bbls. 15% HCL; 576,788 lbs. of 30/50 Prime Plus RCS

This formation is commingled with another formation: Yes No

Test Information:

Date: 10/10/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1012 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 1012 Bbls H2O: 0 GOR: _____

Test Method: Flowing Casing PSI: 1408 Tubing PSI: _____ Choke Size: 25/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1030 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: 10/14/2010 Email: rhaddock@basspet.com

Attachment Check List

Att Doc Num	Name
400100563	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)