

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



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Document Number:

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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.

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 Fax: (303) 799-5081  
City: PARKER State: CO Zip: 80134

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

Completed Interval

FORMATION: <u>ROLLINS</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>10/04/2010</u>	Date of First Production this formation: <u>10/08/2010</u>
Perforations Top: <u>10440</u> Bottom: <u>10575</u>	No. Holes: <u>33</u> Hole size: <u>0.36</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>5,908 bbls. slickwater; 98,007 lbs. 30/50 Prime Plus RCS</u>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>10/10/2010</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>101</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>101</u> Bbls H2O: <u>0</u> GOR: <u></u>	
Test Method: <u>Flowing</u> Casing PSI: <u>1408</u> Tubing PSI: <u></u> Choke Size: <u>25/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1030</u> API Gravity Oil: <u>0</u>	
Tubing Size: <u></u> Tubing Setting Depth: <u></u> Tbg setting date: <u></u> Packer Depth: <u></u>	
Reason for Non-Production: <u></u>	
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u>	
Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>	

FORMATION: WILLIAMS FORK - CAMEOStatus: PRODUCINGTreatment Date: 10/04/2010Date of First Production this formation: 10/08/2010Perforations Top: 8799 Bottom: 10362 No. Holes: 150 Hole size: 0.36

Provide a brief summary of the formation treatment:

Open Hole: ☐26,675 bbls. slickwater; 88 bbls. 7.5% HCL; 478,781 lbs. 30/50 prime Plus RCSThis formation is commingled with another formation: ☒ Yes ☐ No**Test Information:**Date: 10/10/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 911 Bbls H2O: 0Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 911 Bbls H2O: 0 GOR:       Test Method: Flowing Casing PSI: 1408 Tubing PSI:        Choke Size: 25/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1030 API Gravity Oil: 0Tubing 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:

This is a revised Form 5A requested by Penny Garrison/Darla Geimausaddle. This request was made on April 7, 2011.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed:        Print Name: Reed HaddockTitle: Regulatory Analyst Date:        Email rhaddock@basspet.com

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Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved:        Director of COGCC Date:       **Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)