

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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COMPLETED INTERVAL REPORT

Document Number:

400153737

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

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: ROLLINS Status: PRODUCING
Treatment Date: 10/04/2010 Date of First Production this formation: 10/08/2010
Perforations Top: 10440 Bottom: 10575 No. Holes: 33 Hole size: 0.36
Provide a brief summary of the formation treatment: Open Hole:
5,908 bbls. slickwater; 98,007 lbs. 30/50 Prime Plus RCS
This formation is commingled with another formation: [X] Yes [] No
Test Information:
Date: 10/10/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 101 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 101 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:

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

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

Perforations 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 RCS

This formation is commingled with another formation: Yes No

Test Information:

Date: 10/10/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 911 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 911 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:

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 Haddock

Title: Regulatory Analyst Date: _____ Email rhaddock@basspet.com

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)