

**FORM
5A**Rev
02/08State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400153860

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 05-103-11266-00 6. County: RIO BLANCO
7. Well Name: YELLOW CREEK Well Number: XOM 2-42-1
8. Location: QtrQtr: SWNE 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>09/12/2010</u>		Date of First Production this formation: <u>09/14/2010</u>	
Perforations	Top: <u>10325</u>	Bottom: <u>10398</u>	No. Holes: <u>36</u> Hole size: <u>0.36</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>5,255 bbls. slickwater; 92,000 lbs. 40/70 Prime Plus RCS</u>			
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:			
Date: <u>09/19/2010</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>173</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>173</u> Bbls H2O: <u>0</u> GOR: <u> </u>
Test Method: <u>Flowing</u>	Casing PSI: <u>1236</u>	Tubing PSI: <u> </u>	Choke Size: <u>32/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1070</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: 09/12/2010Date of First Production this formation: 09/14/2010Perforations Top: 9350 Bottom: 10227 No. Holes: 96 Hole size: 0.36

Provide a brief summary of the formation treatment:

Open Hole: ☐15,354 bbls. slickwater; 95 bbls. 7.5% HCL; 300,000 lbs. 40/70 Prime Plus RCSThis formation is commingled with another formation: ☒ Yes ☐ No**Test Information:**Date: 09/19/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1557 Bbls H2O: 0Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1557 Bbls H2O: 0 GOR: Test Method: Flowing Casing PSI: 1236 Tubing PSI: Choke Size: 32/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1070 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)