

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



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
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 05-103-11266-00
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: ROLLINS Status: PRODUCING

Treatment Date: 09/12/2010 Date of First Production this formation: 09/14/2010
Perforations Top: 10325 Bottom: 10398 No. Holes: 36 Hole size: 0.36

Provide a brief summary of the formation treatment: Open Hole:
5,255 bbls. slickwater; 92,000 lbs. 40/70 Prime Plus RCS

This formation is commingled with another formation: Yes No

Test Information:

Date: 09/19/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 173 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 173 Bbls H2O: 0 GOR: 0
Test Method: Flowing Casing PSI: 1236 Tubing PSI: _____ Choke Size: 32/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1070 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: 09/12/2010 Date of First Production this formation: 09/14/2010
Perforations 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 RCS

This formation is commingled with another formation: Yes No

Test Information:

Date: 09/19/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1557 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1557 Bbls H2O: 0 GOR: 0
Test Method: Flowing Casing PSI: 1236 Tubing PSI: _____ Choke Size: 32/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1070 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: 4/14/2011 Email rhaddock@basspet.com

Attachment Check List

Att Doc Num	Name
400153860	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)