

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:

400160873

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: 10000 4. Contact Name: Kristina Lee
 2. Name of Operator: BP AMERICA PRODUCTION COMPANY Phone: (303) 659-9581
 3. Address: 501 WESTLAKE PARK BLVD Fax: (303) 659-8209
 City: HOUSTON State: TX Zip: 77079

5. API Number 05-067-09696-00 6. County: LA PLATA
 7. Well Name: SOUTHERN UTE GU DD Well Number: 4
 8. Location: QtrQtr: SESW Section: 30 Township: 34N Range: 8W Meridian: M
 9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: FRUITLAND Status: PRODUCING
 Treatment Date: 12/13/2010 Date of First Production this formation: 03/31/2011
 Perforations Top: 2730 Bottom: 2905 No. Holes: 210 Hole size: 0.5
 Provide a brief summary of the formation treatment: Open Hole:
 Pumped 4500 gal 15% HCL acid; pumped 125499 gal gel and 229242# proppant
 SIBHP: 746 PSIG @ 2704'.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 03/31/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 335 Bbls H2O: 141
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 335 Bbls H2O: 141 GOR: 0
 Test Method: Flowing Casing PSI: 126 Tubing PSI: 125 Choke Size: 1/4
 Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 1003 API Gravity Oil: 0
 Tubing Size: 2 + 7/8 Tubing Setting Depth: 2932 Tbg setting date: 02/25/2011 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: Kristina Lee
 Title: Regulatory Consultant-BP Date: _____ Email leeka@bp.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

<u>Att Doc Num</u>	<u>Name</u>
400160883	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)