

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:

400123363

**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: 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 05-067-09684-00 6. County: LA PLATA  
7. Well Name: MCCARVILLE GU C Well Number: 3  
8. Location: QtrQtr: SWNW Section: 23 Township: 33N Range: 9W Meridian: N  
9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING  
Treatment Date: 08/20/2010 Date of First Production this formation: 12/16/2010  
Perforations Top: 3129 Bottom: 3526 No. Holes: 270 Hole size: 0.49  
Provide a brief summary of the formation treatment: Open Hole: ☒  
Pumped 6500 gals 15% HCL acid, pumped 2179 gal gel and then pumped 190,120# proppant  
SIBHP:1071 PSIG @ 3114'.

This formation is commingled with another formation: ☐ Yes ☒ No

**Test Information:**

Date: 12/31/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 480 Bbls H2O: 187  
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 480 Bbls H2O: 187 GOR:           
Test Method: Flowing Casing PSI: 132 Tubing PSI: 92 Choke Size: 1/4  
Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 1012 API Gravity Oil: 0  
Tubing Size: 2 + 7/8 Tubing Setting Depth: 3668 Tbg setting date: 11/01/2010 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: 1/17/2011 Email : leeka@bp.com

### **Attachment Check List**

Att Doc Num	Name
400123363	FORM 5A SUBMITTED
400123366	WELLBORE DIAGRAM

Total Attach: 2 Files

### **General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)