

FORM
5
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:
400149981

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type Final completion Preliminary 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 05-067-09673-00 6. County: LA PLATA
 7. Well Name: SPANISH FORK GU A Well Number: 3
 8. Location: QtrQtr: SWNW Section: 34 Township: 33N Range: 7W Meridian: N
 Footage at surface: Distance: 1564 feet Direction: FNL Distance: 1082 feet Direction: FWL
 As Drilled Latitude: 37.063557 As Drilled Longitude: -107.601574

GPS Data:

Data of Measurement: 10/08/2009 PDOP Reading: 2.5 GPS Instrument Operator's Name: Bob Cress

** If directional footage at Top of Prod. Zone Dist.: 2246 feet. Direction: FSL Dist.: 1186 feet. Direction: FWL
 Sec: 34 Twp: 33n Rng: 7w

** If directional footage at Bottom Hole Dist.: 1764 feet. Direction: FSL Dist.: 1198 feet. Direction: FWL
 Sec: 34 Twp: 33n Rng: 7w

9. Field Name: IGNACIO BLANCO 10. Field Number: 38300

11. Federal, Indian or State Lease Number: Fee

12. Spud Date: (when the 1st bit hit the dirt) 05/29/2009 13. Date TD: 06/02/2009 14. Date Casing Set or D&A: 06/02/2009

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 3900 TVD** 3192 17 Plug Back Total Depth MD 3846 TVD** 3138

18. Elevations GR 6532 KB 6548

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

CBL/CCL/RS/RST
logs were uploaded and submitted with preliminary form 5 11/20/2009.

20. Casing, Liner and Cement:

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

CASING

| Casing Type | Size of Hole | Size of Casing | Wt/Ft | Csg/Liner Top | Setting Depth | Sacks Cmt | Cmt Top | Cmt Bot | Status |
|-------------|--------------|----------------|-------|---------------|---------------|-----------|---------|---------|--------|
| SURF | 12+1/4 | 8+5/8 | 24 | 0 | 391 | 300 | 0 | 391 | CALC |
| 1ST | 7+7/8 | 5+1/2 | 15.5 | 0 | 3,890 | 432 | 400 | 3,890 | CBL |

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

| Method used | String | Cementing tool setting/pref depth | Cement volume | Cement top | Cement bottom |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| | | | | | |

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

| FORMATION NAME | Measured Depth | | Check if applies | | COMMENTS (All DST and Core Analyses must be submitted to COGCC) |
|----------------|----------------|--------|--------------------------|--------------------------|---|
| | Top | Bottom | DST | Cored | |
| FRUITLAND COAL | 3,131 | 3,668 | <input type="checkbox"/> | <input type="checkbox"/> | |

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: 4/5/2011 Email: leeka@bp.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|-----------------------|---|--|
| <u>Attachment Checklist</u> | | | |
| | CMT Summary * | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| | Directional Survey ** | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| | DST Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| | Logs | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| | Other | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| <u>Other Attachments</u> | | | |
| 400149981 | FORM 5 SUBMITTED | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
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Total: 1 comment(s)