


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		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number: 400149981	DE	ET	OE	ES
DE	ET	OE	ES				
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 <input checked="" type="checkbox"/> Final completion <input type="checkbox"/> 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:							
<input type="checkbox"/> Dry <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Gas/Coalbed <input type="checkbox"/> Disposal <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Storage <input type="checkbox"/> 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>
Permit	revised casing bottom	7/12/2011 12:29:34 PM

Total: 1 comment(s)