


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: <div style="border: 1px solid black; padding: 5px; text-align: center;">2071475</div>	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: KRIS 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 05-067-09692-00		6. County: LA PLATA					
7. Well Name: SPARKS GU B		Well Number: 4					
8. Location: QtrQtr: SWNW Section: 29 Township: 34N Range: 7W Meridian: M							
Footage at surface: Distance: 2422 feet Direction: FNL Distance: 935 feet Direction: FWL							
As Drilled Latitude: 37.162691	As Drilled Longitude: -107.637983						
GPS Data: Data of Measurement: 12/21/2009 PDOP Reading: 3.2 GPS Instrument Operator's Name: BOB CRESS							
** If directional footage at Top of Prod. Zone		Dist.: 1931 feet. Direction: FNL Dist.: 757 feet. Direction: FWL					
Sec: 29 Twp: 34N Rng: 7W							
** If directional footage at Bottom Hole		Dist.: 1908 feet. Direction: FNL Dist.: 748 feet. Direction: FWL					
Sec: 29 Twp: 34N 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) 12/12/2009 13. Date TD: 12/15/2009 14. Date Casing Set or D&A: 12/16/2009							
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 3228 TVD** 3154		17 Plug Back Total Depth MD 3155 TVD** 3081					
18. Elevations GR 6725 KB 6746		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: RST/CBL							
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		0	477	350	0	487	
1ST	7+7/8	5+1/2		0	3,217	325	0	3,228	

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	2,792	3,032	<input type="checkbox"/>	<input type="checkbox"/>	DIRECTIONAL SURVEY, CEMENT TICKETS & LOG HAVE ALL BEEN SUBMITTED WITH THE PRELIMINARY FORM 5 DATED 01/12/2010.

Comment:

DIRECTIONAL SURVEY, CEMENT TICKETS & LOGS HAVE ALL BEEN SUBMITTED WITH THE PRELIMINARY FORM 5 DATED 01/12/2010.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: KRISTINA A. LEE

Title: REGULATORY

Date: 9/29/2010

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>					
2071475	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	rec logs 2548154-55	3/22/2011 8:46:11 AM
Permit	req hard copy & digital logs	2/16/2011 10:35:15 AM

Total: 2 comment(s)

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.