

FORM
5Rev
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

1726533

Date Received:

11/03/2011

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: JULIE DOSSEY

2. Name of Operator: BP AMERICA PRODUCTION COMPANY

Phone: (970) 335-3831

3. Address: 501 WESTLAKE PARK BLVD AT

Fax: (970) 335-3899

City: HOUSTON State: TX Zip: 77079

5. API Number 05-067-09682-00

6. County: LA PLATA

7. Well Name: PAUL MARTIN SWD (EPA)

Well Number: 1

8. Location: QtrQtr: NESE Section: 19 Township: 34N Range: 7W Meridian: M

Footage at surface: Distance: 1489 feet Direction: FSL Distance: 194 feet Direction: FEL

As Drilled Latitude: 37.173386 As Drilled Longitude: -107.641860

GPS Data:

Date of Measurement: 01/28/2010 PDOP Reading: 4.3 GPS Instrument Operator's Name: BRENT CARTER

** If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

** If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

9. Field Name: IGNACIO BLANCO

10. Field Number: 38300

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 01/06/2010 13. Date TD: 01/14/2010 14. Date Casing Set or D&A: 01/15/2010

15. Well Classification:

☐ Dry ☐ Oil ☐ Gas/Coalbed ☐ Disposal ☒ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 6032 TVD** 17 Plug Back Total Depth MD 5976 TVD**

18. Elevations GR 6775 KB 6791

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:

LOGS WERE RUN AND SUBMITTED PER PREVIOUSLY SUBMITTED FORM 5A.

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	13+1/2	9+5/8		0	852	700	0	863	
1ST	8+3/4	7		0	6,021	556	700	6,021	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____					
Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
Details of work:					

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	
MESAVERDE	5,055	5,622	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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

Signed: Y Print Name: JULIE DOSSEY

Title: PERMITTING AGENT Date: _____ Email: JULIE.DOSSEY@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"/>

General Comments

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

Total: 0 comment(s)