

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



DE ET OE ES

Document Number:

400160873

**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 05-067-09696-00 6. County: LA PLATA  
7. Well Name: SOUTHERN UTE GU DD Well Number: 4  
8. Location: QtrQtr: SESW Section: 30 Township: 34N Range: 8W Meridian: M  
9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: FRUITLAND Status: PRODUCING  
Treatment Date: 12/13/2010 Date of First Production this formation: 03/31/2011  
Perforations Top: 2730 Bottom: 2905 No. Holes: 210 Hole size: 0.5  
Provide a brief summary of the formation treatment: Open Hole: ☒  
Pumped 4500 gal 15% HCL acid; pumped 125499 gal gel and 229242# proppant  
SIBHP: 746 PSIG @ 2704'.  
This formation is commingled with another formation: ☐ Yes ☒ No  
**Test Information:**  
Date: 03/31/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 335 Bbls H2O: 141  
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 335 Bbls H2O: 141 GOR: 0  
Test Method: Flowing Casing PSI: 126 Tubing PSI: 125 Choke Size: 1/4  
Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 1003 API Gravity Oil: 0  
Tubing Size: 2 + 7/8 Tubing Setting Depth: 2932 Tbg setting date: 02/25/2011 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: \_\_\_\_\_ Email leeka@bp.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

**Attachment Check List**

Att Doc Num	Name
400160883	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)