

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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



Table with columns DE, ET, OE, ES

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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 2. Name of Operator: BP AMERICA PRODUCTION COMPANY 3. Address: 501 WESTLAKE PARK BLVD City: HOUSTON State: TX Zip: 77079 4. Contact Name: Patti Campbell Phone: (970) 335-3828 Fax: (970) 375-7529

5. API Number 05-067-08954-00 6. County: LA PLATA 7. Well Name: LAMKE GS UNIT A Well Number: 2 8. Location: QtrQtr: SWNE Section: 27 Township: 34N Range: 8W Meridian: M 9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING Treatment Type: FRACTURE STIMULATION Treatment Date: 10/25/2013 End Date: 11/16/2013 Date of First Production this formation: Perforations Top: 2661 Bottom: 2885 No. Holes: 198 Hole size: 4/10 Provide a brief summary of the formation treatment: Open Hole: This formation is commingled with another formation: Yes No Total fluid used in treatment (bbl): 2161 Max pressure during treatment (psi): 1724 Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.33 Type of gas used in treatment: Min frac gradient (psi/ft): 0.98 Total acid used in treatment (bbl): 55 Number of staged intervals: 1 Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 0 Fresh water used in treatment (bbl): 2106 Disposition method for flowback: Rule 805 green completion techniques were utilized: Total proppant used (lbs): 141026 Reason why green completion not utilized: PRESSURE

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O: Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR: Test Method: Casing PSI: Tubing PSI: Choke Size: Gas Disposition: Gas Type: Btu Gas: API Gravity Oil: Tubing Size: Tubing Setting Depth: Tbg setting date: 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: \*\* Wireline and Cement Job Summary must be attached.

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: \_\_\_\_\_ Print Name: Patricia Campbell

Title: Regulatory Analyst Date: \_\_\_\_\_ Email: patricia.campbell@bp.com  
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