

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



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Date Received:

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: <u>10000</u>	4. Contact Name: <u>Patti Campbell</u>
2. Name of Operator: <u>BP AMERICA PRODUCTION COMPANY</u>	Phone: <u>(970) 335-3828</u>
3. Address: <u>501 WESTLAKE PARK BLVD</u>	Fax: <u>(970) 375-7529</u>
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77079</u>	Email: <u>patricia.campbell@bp.com</u>

5. API Number <u>05-067-09058-00</u>	6. County: <u>LA PLATA</u>
7. Well Name: <u>FC SOUTHERN UTE COM 006</u>	Well Number: <u>2</u>
8. Location: QtrQtr: <u>NESW</u> Section: <u>12</u> Township: <u>33N</u> Range: <u>9W</u> Meridian: <u>N</u>	
9. Field Name: <u>IGNACIO BLANCO</u> Field Code: <u>38300</u>	

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 09/05/2014 End Date: 09/05/2014 Date of First Production this formation: _____
Perforations Top: 2687 Bottom: 3106 No. Holes: 278 Hole size: 4/10

Provide a brief summary of the formation treatment: _____ Open Hole:

On 8/27/14, prior to the stage 1 re-frac, BP tested communication by pumping 1000 gallons (24bbls) of 15% HCL down the tubing.
BP On 9/5/14, BP performed a 2 stage re-frac on this well. The totals for both stages are reflected below.
FracFocus has been uploaded.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 2843 Max pressure during treatment (psi): 3205
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.34
Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.90
Total acid used in treatment (bbl): 72 Number of staged intervals: 2
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): 2771 Disposition method for flowback: _____
Total proppant used (lbs): 225030 Rule 805 green completion techniques were utilized:

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: _____

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

Signed: _____ Print Name: Patti Campbell
Title: Regulatory Analyst Date: _____ Email: patricia.campbell@bp.com

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)