

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400853716

Date Received: 06/24/2015

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: Toya Colvin
Phone: (281) 3667148
Fax:
Email: Toya.Colvin@bp.com

5. API Number 05-067-08827-00
6. County: LA PLATA
7. Well Name: FC SOUTHERN UTE COM 004
Well Number: 2
8. Location: QtrQtr: NESW Section: 11 Township: 33N Range: 9W Meridian: N
9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

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

Treatment Date: 05/26/2015 End Date: 05/26/2015 Date of First Production this formation:
Perforations Top: 2695 Bottom: 3007 No. Holes: 114 Hole size: 0.4

Provide a brief summary of the formation treatment: Open Hole: []

Frac Disclosure has been uploaded to Frac Focus.

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): 2875 Max pressure during treatment (psi): 3495
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.33
Type of gas used in treatment: Min frac gradient (psi/ft): 0.74
Total acid used in treatment (bbl): 95 Number of staged intervals: 3
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): 2780 Disposition method for flowback:
Total proppant used (lbs): 176500 Rule 805 green completion techniques were utilized: [X]

Reason why green completion not utilized:

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: Toya Colvin

Title: Regulatory Analyst Date: 6/24/2015 Email: Toya.Colvin@bp.com
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400853716	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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