

FORM
5
Rev
09/14

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:
400929080

Date Received:

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

OGCC Operator Number: 10000 Contact Name: Randy Loudenburg
 Name of Operator: BP AMERICA PRODUCTION COMPANY Phone: (970) 335-3828
 Address: 380 AIRPORT RD Fax: (970) 375-7529
 City: DURANGO State: CO Zip: 81303

API Number 05-067-09938-00 County: LA PLATA
 Well Name: Taichert 31-01 Well Number: 4
 Location: QtrQtr: NWSW Section: 31 Township: 33N Range: 6W Meridian: N
 Footage at surface: Distance: 2413 feet Direction: FSL Distance: 1083 feet Direction: FWL
 As Drilled Latitude: 37.059853 As Drilled Longitude: -107.547213

GPS Data:
 Date of Measurement: 10/22/2015 PDOP Reading: 2.3 GPS Instrument Operator's Name: Bert Winkler

** If directional footage at Top of Prod. Zone Dist.: 1368 feet. Direction: FNL Dist.: 1489 feet. Direction: FWL
 Sec: 31 Twp: 33N Rng: 6W
 ** If directional footage at Bottom Hole Dist.: 1320 feet. Direction: FNL Dist.: 1492 feet. Direction: FWL
 Sec: 31 Twp: 33N Rng: 6W

Field Name: IGNACIO BLANCO Field Number: 38300
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 09/15/2015 Date TD: 09/18/2015 Date Casing Set or D&A: 09/19/2015
 Rig Release Date: 09/19/2015 Per Rule 308A.b.

Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 3815 TVD** 3344 Plug Back Total Depth MD 3760 TVD** 3289

Elevations GR 6601 KB 6612 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
Open Hole Log/Cased Hole Compensated Neutron Log, Cement Bond Log/Gamma Ray/ LAS

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	8+5/8	24	0	514	288	0	518	CBL
1ST	7+7/8	5+1/2	15.5	0	3,801	380	0	3,810	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:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
FRUITLAND COAL	3,326	3,500	NO	NO	

Comment:

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

Signed: _____ Print Name: Randy Loudenburg

Title: Regulatory Agent Date: _____ Email: randy.loudenburg@bp.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400940499	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400940507	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
400940484	PDF-NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400940488	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400940491	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400940509	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400951540	PDF-COMBINATION OPEN HOLE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400951546	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)