

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: 10000 4. Contact Name: Randy Loudenburg
 2. Name of Operator: BP AMERICA PRODUCTION COMPANY Phone: (970) 335-3828
 3. Address: 380 AIRPORT RD Fax: (970) 375-7529
 City: DURANGO State: CO Zip: 81303 Email: randy.loudenburg@bp.com

5. API Number 05-067-09938-00 6. County: LA PLATA
 7. Well Name: Taichert 31-01 Well Number: 4
 8. Location: QtrQtr: NWSW Section: 31 Township: 33N Range: 6W Meridian: N
 9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING Treatment Type: FRACTURE STIMULATION
 Treatment Date: 09/29/2015 End Date: 09/30/2015 Date of First Production this formation: 11/06/2015
 Perforations Top: 3328 Bottom: 3488 No. Holes: 271 Hole size: 0.46
 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): 3312 Max pressure during treatment (psi): 3596
 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): 0.78
 Total acid used in treatment (bbl): 52 Number of staged intervals: 3
 Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 0
 Fresh water used in treatment (bbl): 3260 Disposition method for flowback: _____
 Total proppant used (lbs): 214660 Rule 805 green completion techniques were utilized:
 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: 3 + 1/2 Tubing Setting Depth: 3619 Tbg setting date: 10/19/2015 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: Randy Loudenburg
Title: Regulatory Agent Date: _____ Email: randy.loudenburg@bp.com
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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400951925	WELLBORE DIAGRAM
400951929	OTHER

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)