

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

Document Number: 401058191

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 2. Name of Operator: BP AMERICA PRODUCTION COMPANY 3. Address: 380 AIRPORT RD City: DURANGO State: CO Zip: 81303 4. Contact Name: Naomi Azulai Phone: (970) 375-7511 Fax: Email: naomi.azulai@bp.com

5. API Number 05-067-09955-00 6. County: LA PLATA 7. Well Name: Rhodes 8. Location: QtrQtr: SENW Section: 7 Township: 34N Range: 6W Meridian: M 9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING Treatment Type: FRACTURE STIMULATION Treatment Date: 04/20/2016 End Date: 04/20/2016 Date of First Production this formation: 06/01/2016 Perforations Top: 3184 Bottom: 3415 No. Holes: 414 Hole size: 0.46 Provide a brief summary of the formation treatment: Open Hole: [ ] This formation is commingled with another formation: [ ] Yes [X] No Total fluid used in treatment (bbl): 2885 Max pressure during treatment (psi): 3639 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): 0.91 Total acid used in treatment (bbl): 50 Number of staged intervals: 3 Recycled water used in treatment (bbl): Flowback volume recovered (bbl): Fresh water used in treatment (bbl): 2835 Disposition method for flowback: Rule 805 green completion techniques were utilized: [X] Total proppant used (lbs): 195500 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: 3535 Tbg setting date: 04/22/2016 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: Naomi Azulai  
Title: Well Permitting Analyst Date: \_\_\_\_\_ Email: naomi.azulai@bp.com  
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### Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401058211	OTHER
401058215	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

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

Total: 0 comment(s)