

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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Document Number:

401085098

Date Received:

07/28/2016

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: Patti Campbell

Phone: (970) 335-3828

Fax:

Email: patricia.campbell@bp.com

5. API Number 05-067-08891-00

7. Well Name: FC SOUTHERN UTE COM 001

8. Location: QtrQtr: NENE Section: 9 Township: 33N Range: 9W Meridian: N

9. Field Name: IGNACIO BLANCO Field Code: 38300

6. County: LA PLATA

Well Number: 2

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING Treatment Type: ACID JOB
Treatment Date: 07/13/2016 End Date: 07/13/2016 Date of First Production this formation: 07/28/2004
Perforations Top: 2711 Bottom: 3057 No. Holes: 96 Hole size: 0.4
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

MIRU 7/13/16
Pump 12 bbl 15% HCl
Flush with 24 bbl fresh water
Pressure up to 1430 psi
Pump 15 bbl neutralizing solution
Pump 2 bbl to clear lines
Shut in well for 36 hours
RDMO 7/13/16

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 53 Max pressure during treatment (psi): 1430
Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____
Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____
Total acid used in treatment (bbl): 12 Number of staged intervals: _____
Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): 41 Disposition method for flowback: _____
Total proppant used (lbs): _____ 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: _____ 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: 7/28/2016 Email: patricia.campbell@bp.com

Attachment Check List

Att Doc Num **Name**

401085098 FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)