

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 05-067-09579-00

6. County: LA PLATA

7. Well Name: FAIRFIELD FARMS
Well Number: 3

8. Location: QtrQtr: SENW Section: 31 Township: 34N Range: 7W Meridian: M

9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING Treatment Type: ACID JOB

Treatment Date: 07/22/2016 End Date: 07/22/2016 Date of First Production this formation: 08/06/2009

Perforations Top: 3109 Bottom: 3284 No. Holes: 84 Hole size: 0.4

Provide a brief summary of the formation treatment: _____ Open Hole:

Pumped 24bbl fluid with 15% acid (approx. 4bbl). Flushed with 61bbl water. Pumped 600# soda ash in 15bbl water to neutralize. Well shut-in for 36 hours.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 100 Max pressure during treatment (psi): _____

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): 4 Number of staged intervals: _____

Recycled water used in treatment (bbl): 96 Flowback volume recovered (bbl): 0

Fresh water used in treatment (bbl): _____ 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:

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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: Patti Campbell

Title: Regulatory Analyst Date: _____ Email: patricia.campbell@bp.com
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Attachment Check List

Att Doc Num **Name**

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Total Attach: 0 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)