

FORM  
5Rev  
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



DE ET OE ES

Document Number:

401273647

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: Naomi Azulai

Name of Operator: BP AMERICA PRODUCTION COMPANY

Phone: (970) 3757511

Address: 380 AIRPORT RD

Fax:

City: DURANGO State: CO Zip: 81303

API Number 05-067-09969-00

County: LA PLATA

Well Name: Southern Ute Tribal BK

Well Number: 2

Location: QtrQtr: SESE Section: 29 Township: 33N Range: 7W Meridian: N

Footage at surface: Distance: 1013 feet Direction: FSL Distance: 1078 feet Direction: FEL

As Drilled Latitude: 37.070659 As Drilled Longitude: -107.626911

## GPS Data:

Date of Measurement: 03/17/2017 PDOP Reading: 2.1 GPS Instrument Operator's Name: Bill Winters

\*\* If directional footage at Top of Prod. Zone Dist.: 1023 feet. Direction: FSL Dist.: 697 feet. Direction: FWL

Sec: 28 Twp: 33N Rng: 7W

\*\* If directional footage at Bottom Hole Dist.: 1015 feet. Direction: FSL Dist.: 1163 feet. Direction: FWL

Sec: 28 Twp: 33N Rng: 7W

Field Name: IGNACIO BLANCO

Field Number: 38300

Federal, Indian or State Lease Number: I-22-IND-2788

Spud Date: (when the 1st bit hit the dirt) 01/13/2017 Date TD: 01/29/2017 Date Casing Set or D&amp;A: 01/29/2017

Rig Release Date: 01/30/2017 Per Rule 308A.b.

## Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 3755 TVD\*\* 2854 Plug Back Total Depth MD 3695 TVD\*\* 2812

Elevations GR 6397 KB 6408 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

## List Electric Logs Run:

CBL, CNL

## 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	377	250	0	377	VISU
1ST	7+7/8	5+1/2	15.5	0	3,742	410	0	3,695	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	3,100	3,458	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: Naomi Azulai

Title: Well Permitting Analyst

Date: \_\_\_\_\_

Email: naomi.azulai@bp.com

### **Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
401274559	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
401274556	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"/>
<u>Other Attachments</u>					
401274546	PDF-NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401274551	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401274554	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### **General Comments**

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)