

FORM
5
Rev
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



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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&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 ?	
Attachment Checklist			
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"/>
Other Attachments			
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

Total: 0 comment(s)