

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:

401273645

Date Received:

05/09/2017

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 05-067-09969-00
6. County: LA PLATA
7. Well Name: Southern Ute Tribal BK
Well Number: 2
8. Location: QtrQtr: SESE Section: 29 Township: 33N Range: 7W Meridian: N
9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 03/08/2017 End Date: 03/11/2017 Date of First Production this formation: 03/21/2017
Perforations Top: 3124 Bottom: 3430 No. Holes: 230 Hole size: 0.46
Provide a brief summary of the formation treatment: Open Hole: ☐
This formation is commingled with another formation: ☐ Yes ☒ No
Total fluid used in treatment (bbl): 4049 Max pressure during treatment (psi): 3690
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): 1.26
Total acid used in treatment (bbl): 72 Number of staged intervals: 4
Recycled water used in treatment (bbl): 3977 Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): 0 Disposition method for flowback:
Total proppant used (lbs): 225890 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: 3 + 1/2 Tubing Setting Depth: 3510 Tbg setting date: 04/23/2017 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: 5/9/2017 Email naomi.azulai@bp.com
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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401273645	FORM 5A SUBMITTED
401274476	WELLBORE DIAGRAM
401274850	OTHER

Total Attach: 3 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)