

FORM
5ARev
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:

401525936

Date Received:

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 4. Contact Name: Patti Campbell
 2. Name of Operator: BP AMERICA PRODUCTION COMPANY Phone: (970) 422-3517
 3. Address: 380 AIRPORT RD Fax: _____
 City: DURANGO State: CO Zip: 81303 Email: patricia.campbell@bp.com

5. API Number 05-067-10000-00 6. County: LA PLATA
 7. Well Name: East Sauls Creek 26 Well Number: 1-2
 8. Location: QtrQtr: SWNE Section: 27 Township: 35N Range: 6W Meridian: N
 9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING Treatment Type: FRACTURE STIMULATION
 Treatment Date: 10/03/2017 End Date: 10/04/2017 Date of First Production this formation: 11/22/2017
 Perforations Top: 7514 Bottom: 7913 No. Holes: 240 Hole size: 0.46

Provide a brief summary of the formation treatment:

Open Hole: ☐

This well penetrates the Fruitland coal formation in the vertical portion of the well and again in the toe of the well. The well was perforated at the toe of the well in the horizontal portion of the well.

This formation is commingled with another formation: ☐ Yes ☒ NoTotal fluid used in treatment (bbl): 5060Max pressure during treatment (psi): 4533Total gas used in treatment (mcf): 0Fluid density at initial fracture (lbs/gal): 8.33

Type of gas used in treatment: _____

Min frac gradient (psi/ft): 0.76Total acid used in treatment (bbl): 72Number of staged intervals: 3

Recycled water used in treatment (bbl): _____

Flowback volume recovered (bbl): 0Fresh water used in treatment (bbl): 4988

Disposition method for flowback: _____

Total proppant used (lbs): 225300Rule 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: 2 + 7/8 Tubing Setting Depth: 3145 Tbg setting date: 11/05/2017 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: Patti Campbell

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

Att Doc Num Name

401526135	WELLBORE DIAGRAM
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Total Attach: 1 Files

General Comments

User Group Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)