

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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
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) 422-3517
Fax:
Email: patricia.campbell@bp.com

5. API Number 05-067-08893-00
6. County: LA PLATA
7. Well Name: SOUTHERN UTE AK
Well Number: 2
8. Location: QtrQtr: NENE Section: 14 Township: 33N Range: 8W Meridian: N
9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/04/2018 End Date: 03/04/2018 Date of First Production this formation: 07/13/2004

Perforations Top: 2518 Bottom: 2916 No. Holes: 437 Hole size: 0.42

Provide a brief summary of the formation treatment: Open Hole: []

Original perforations 6/9/2004: 2518-2916, 260 holes .42 in diameter
Reperf 2/24/18: 2518-2763, 177 holes .46 in diameter

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): 3809 Max pressure during treatment (psi): 3974
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): 0.97
Total acid used in treatment (bbl): 72 Number of staged intervals: 3
Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 0
Fresh water used in treatment (bbl): 3809 Disposition method for flowback:
Total proppant used (lbs): 289420 Rule 805 green completion techniques were utilized: [X]

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**

		Stamp Upon Approval
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Total: 0 comment(s)