

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:

401661299

Date Received:

06/12/2018

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) 712-5997  
Fax:  
Email: patti.campbell@bpx.com

5. API Number 05-007-06329-00  
6. County: ARCHULETA  
7. Well Name: Glover  
Well Number: 4  
8. Location: QtrQtr: SESE Section: 2 Township: 32N Range: 6W Meridian: N  
9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING Treatment Type:  
Treatment Date: End Date: Date of First Production this formation: 05/23/2018  
Perforations Top: 3272 Bottom: 3285 No. Holes: Hole size:  
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): Max pressure during treatment (psi):  
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):  
Type of gas used in treatment: Min frac gradient (psi/ft):  
Total acid used in treatment (bbl): Number of staged intervals:  
Recycled water used in treatment (bbl): Flowback volume recovered (bbl):  
Fresh water used in treatment (bbl): Disposition method for flowback:  
Total proppant used (lbs): 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: 2 + 7/8 Tubing Setting Depth: 3269 Tbg setting date: 05/31/2018 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:

Set tubing 5/18/18, pulled 5/29/18, re-set 5/31/18.

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: 6/12/2018

Email patti.campbell@bpx.com

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### **Attachment Check List**

**Att Doc Num**

**Name**

401661299	FORM 5A SUBMITTED
401671482	WELLBORE DIAGRAM
401671496	OTHER

Total Attach: 3 Files

### **General Comments**

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)