

FORM
5Rev
02/08State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

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.

Document Number:

400137457

Completion Type ☒ Final completion ☐ Preliminary completion

1. OGCC Operator Number: 10000

4. Contact Name: Kristina Lee

2. Name of Operator: BP AMERICA PRODUCTION COMPANY

Phone: (303) 659-9581

3. Address: 501 WESTLAKE PARK BLVD

Fax: (303) 659-8209

City: HOUSTON State: TX Zip: 77079

5. API Number 05-067-09694-00

6. County: LA PLATA

7. Well Name: SOUTHERN UTE GU DD

Well Number: 2

8. Location: QtrQtr: SESW Section: 30 Township: 34N Range: 8W Meridian: M

Footage at surface: Distance: 785 feet Direction: FSL Distance: 1849 feet Direction: FWL

As Drilled Latitude: 37.156892 As Drilled Longitude: -107.762269

GPS Data:

Data of Measurement: 11/12/2009 PDOP Reading: 2.2 GPS Instrument Operator's Name: Bob Cress

** If directional footage

at Top of Prod. Zone Distance: 1813 feet Direction: FSL Distance: 2349 feet Direction: FWL

Sec: 30 Twp: 34 Rng: 8

at Bottom Hole Distance: 1857 feet Direction: FSL Distance: 2358 feet Direction: FWL

Sec: 30 Twp: 34 Rng: 8

9. Field Name: IGNACIO BLANCO

10. Field Number: 38300

11. Federal, Indian or State Lease Number: 750-88-1004

12. Spud Date: (when the 1st bit hit the dirt) 11/01/2009 13. Date TD: 11/04/2009 14. Date Casing Set or D&A: 11/05/2009

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 3365 TVD 3044 17 Plug Back Total Depth MD 3353 TVD 3032

18. Elevations GR 6478 KB 6494

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

CBL/RST

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR									
SURF	12+1/4	8+5/8	24		444	320	444		
1ST	7+7/8	5+1/2	15.5		3,355	340	3,355		

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
FRUITLAND	2,406	2,684	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Cement tickets and directional report submitted with preliminary Form 5.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Kristina Lee

Title: Regulatory Consultant -BP Date: _____ Email: leeka@bp.com

Attachment Check List

Att Doc Num	Name
400137482	LAS-CBL 1ST RUN
400137483	LAS-POROSITY

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)