

FORM
5A

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

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



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Document Number:

400151160

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: 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 05-067-09656-00 6. County: LA PLATA
7. Well Name: SIMMS GU E Well Number: 3
8. Location: QtrQtr: NENW Section: 30 Township: 33N Range: 7W Meridian: N
9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: FRUITLAND Status: PRODUCING
Treatment Date: 11/18/2010 Date of First Production this formation: 03/09/2011
Perforations Top: 3084 Bottom: 3209 No. Holes: 298 Hole size: 0.49
Provide a brief summary of the formation treatment: Open Hole: ☐
Pumped 6000 gal 15% HCL Acid, pumped 3348 gal gel and 227,780 # proppant.
SIPBP: 481 PSIG @ 2862'.
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 03/09/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 82 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 82 Bbls H2O: 0 GOR: 0
Test Method: Flowing Casing PSI: 68 Tubing PSI: 65 Choke Size: 1 + 2/5
Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 985 API Gravity Oil: 0
Tubing Size: 2 + 7/8 Tubing Setting Depth: 3680 Tbg setting date: 01/14/2011 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: _____

Comment:

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

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400151604	

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)