

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:

400349154

Date Received:

11/26/2012

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: 501 WESTLAKE PARK BLVD  
City: HOUSTON State: TX Zip: 77079  
4. Contact Name: Patti Campbell  
Phone: (970) 335-3828  
Fax: (970) 335-3837

5. API Number 05-067-06325-00  
6. County: LA PLATA  
7. Well Name: KNIGHT GAS UNIT D  
Well Number: 2M  
8. Location: QtrQtr: SWNW Section: 17 Township: 32N Range: 7W Meridian: N  
9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: MESAVERDE Status: ABANDONED WELLBORE/COMPLETION Treatment Type:  
Treatment Date: End Date: Date of First Production this formation:  
Perforations Top: 5670 Bottom: 5714 No. Holes: 52 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: Tubing Setting Depth: Tbg setting date: Packer Depth:  
Reason for Non-Production: Uneconomic to repair or produce  
Date formation Abandoned: 10/19/2012 Squeeze: ☒ Yes ☐ No If yes, number of sacks cmt 100  
\*\* Bridge Plug Depth: 3290 \*\* Sacks cement on top: \*\* Wireline and Cement Job Summary must be attached.

Comment:

A cast iron cement retainer was set at 3290'. Please see attached cement report.

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

Signed: \_\_\_\_\_ Print Name: Patricia Campbell

Title: Regulatory Analyst Date: 11/26/2012 Email patricia.campbell@bp.com  
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### Attachment Check List

Att Doc Num	Name
400349154	FORM 5A SUBMITTED
400350162	CEMENT JOB SUMMARY

Total Attach: 2 Files

### General Comments

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

Total: 0 comment(s)