

FORM
5ARev
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:

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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 4. Contact Name: Patti Campbell
 2. Name of Operator: BP AMERICA PRODUCTION COMPANY Phone: (970) 335-3828
 3. Address: 501 WESTLAKE PARK BLVD Fax: (970) 375-7529
 City: HOUSTON State: TX Zip: 77079 Email: patricia.campbell@bp.com

5. API Number 05-067-09046-00 6. County: LA PLATA
 7. Well Name: SOUTHERN UTE 02-21X Well Number: 2
 8. Location: QtrQtr: SENW Section: 21 Township: 33N Range: 9W Meridian: N
 9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING Treatment Type: FRACTURE STIMULATION
 Treatment Date: 07/23/2014 End Date: 07/23/2014 Date of First Production this formation: 02/07/2006
 Perforations Top: 2988 Bottom: 3202 No. Holes: 208 Hole size: 4/10
 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): 1820 Max pressure during treatment (psi): 2393
 Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.34
 Type of gas used in treatment: _____ Min frac gradient (psi/ft): 1.10
 Total acid used in treatment (bbl): 27 Number of staged intervals: 1
 Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 0
 Fresh water used in treatment (bbl): 1792 Disposition method for flowback: _____
 Total proppant used (lbs): 121618 Rule 805 green completion techniques were utilized: ☐
 Reason why green completion not utilized: PRESSURE

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 _____

Title: Campbell 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**

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Total: 0 comment(s)