

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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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

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