

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:

400679112

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 05-067-09043-00	6. County: LA PLATA
7. Well Name: LASH UTE 01-21	Well Number: 2
8. Location: QtrQtr: NESW 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: 07/24/2014 End Date: 08/07/2014 Date of First Production this formation: _____

Perforations Top: 2895 Bottom: 3202 No. Holes: 264 Hole size: 4/10

Provide a brief summary of the formation treatment: _____ Open Hole: ☐

This well is Tribal Minerals/Tribal Surface.

BP completed a 2 Stage Frac on 8/7/14:

On 7/17/14, prior to stage 1 of the re-frac, BP established an injection rate by pumping 48 bbls of 15% HCL acid flushed with 50 bbls of fresh water.

7/24/14: Stage 1 re-frac

8/7/14: Stage 2 re-frac. Only Stage 2 of the re-frac included acid (30bbls) as indicated below and in Frac Focus.

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 2688

Max pressure during treatment (psi): 3454

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): 30

Number of staged intervals: 2

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): 2658

Disposition method for flowback: _____

Total proppant used (lbs): 151269

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: _____

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: _____ Email: patricia.campbell@bp.com

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)