

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:
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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: <u>10000</u>	4. Contact Name: <u>Toya Colvin</u>
2. Name of Operator: <u>BP AMERICA PRODUCTION COMPANY</u>	Phone: <u>(281) 3667148</u>
3. Address: <u>501 WESTLAKE PARK BLVD</u>	Fax: _____
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77079</u>	Email: <u>Toya.Colvin@bp.com</u>

5. API Number <u>05-067-07006-00</u>	6. County: <u>LA PLATA</u>
7. Well Name: <u>SOUTHERN UTE</u>	Well Number: <u>01-16X 1</u>
8. Location: QtrQtr: <u>NENE</u> Section: <u>16</u> Township: <u>33N</u> Range: <u>9W</u> Meridian: <u>N</u>	
9. Field Name: <u>IGNACIO BLANCO</u> Field Code: <u>38300</u>	

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/04/2015 End Date: 05/04/2015 Date of First Production this formation: _____
Perforations Top: 2499 Bottom: 2924 No. Holes: 212 Hole size: 0.4

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

Frac Disclosure has been uploaded to Frac Focus.
Subject well was deepened to new PBTD @ 3030'.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 2903 Max pressure during treatment (psi): 3797

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.33

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 1.03

Total acid used in treatment (bbl): 96 Number of staged intervals: 3

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): 2807 Disposition method for flowback: _____

Total proppant used (lbs): 207680 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: _____

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: Toya Colvin

Title: Regulatory Analyst Date: _____ Email: Toya.Colvin@bp.com

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)