

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

5. API Number 05-067-07006-00	6. County: LA PLATA
7. Well Name: SOUTHERN UTE	Well Number: 01-16X 1
8. Location: QtrQtr: NENE Section: 16 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: 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)