

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:

06/11/2015

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>Randy Loudenburg</u>
2. Name of Operator: <u>BP AMERICA PRODUCTION COMPANY</u>	Phone: <u>(970) 335-3828</u>
3. Address: <u>501 WESTLAKE PARK BLVD</u>	Fax: <u>(970) 375-7529</u>
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77079</u>	Email: <u>randy.loudenburg@bp.com</u>

5. API Number <u>05-067-07883-00</u>	6. County: <u>LA PLATA</u>
7. Well Name: <u>MAESTAS A</u>	Well Number: <u>1</u>
8. Location: QtrQtr: <u>NWSE</u> Section: <u>23</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: ACID JOB
Treatment Date: 06/03/2015 End Date: 06/08/2015 Date of First Production this formation: 12/17/1993
Perforations Top: 2810 Bottom: 2861 No. Holes: 64 Hole size: 0.4
Provide a brief summary of the formation treatment: _____ Open Hole:

1. Pumped 1000 gallons of 15% HCL acid
2. Pumped 43 bbls of fresh water to get acid to top perforation
3. Shut down 30 minutes.
4. Pumped additional 10 bbls of fresh water to displace acid to bottom perforation plus 5 bbls overflush
5. Well back on production

This formation is commingled with another formation: Yes No
Total fluid used in treatment (bbl): 82 Max pressure during treatment (psi): _____
Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____
Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____
Total acid used in treatment (bbl): 24 Number of staged intervals: _____
Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): 58 Disposition method for flowback: _____
Total proppant used (lbs): _____ 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: Randy Loudenburg
Title: Regulatory Agent Date: 6/11/2015 Email: randy.loudenburg@bp.com

Attachment Check List

Att Doc Num	Name
400852361	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)