

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:
400852470

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) 335-7529</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>05-067-06962-00</u>	6. County: <u>LA PLATA</u>
7. Well Name: <u>ROBERT DULIN</u>	Well Number: <u>1</u>
8. Location: QtrQtr: <u>SWNW</u> Section: <u>35</u> Township: <u>35N</u> Range: <u>7W</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: 06/02/2015 End Date: 06/09/2015 Date of First Production this formation: 05/10/1989
Perforations Top: 1560 Bottom: 1672 No. Holes: 192 Hole size: 0.5

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

1. Pumped 24 bbls of 15% HCL acid
2. Pumped 5 bbls fresh water and 10 bbls soda ash water
3. Shut in 48 hrs.
4. Checked flow back- PH level to low
5. Pumped 14 bbls of fresh water with 300 Lbs of soda ash followed by 5 bbls fresh water
6. Shut in well 24 hrs.
7. PH level and PSI were correct
8. Well back on production

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 58 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): 34 Disposition method for flowback: _____

Total proppant used (lbs): 300 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
400852470	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Corrected date of first production to reflect well completion report Doc: 688649.	6/12/2015 8:28:47 AM

Total: 1 comment(s)