

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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

5. API Number 05-067-08292-00 6. County: LA PLATA 7. Well Name: SOUTHERN UTE 32-8; Well Number: 1-8 8. Location: QtrQtr: NESE Section: 1 Township: 32N Range: 8W Meridian: N 9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

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

Treatment Date: 06/17/2015 End Date: 06/17/2015 Date of First Production this formation:

Perforations Top: 3110 Bottom: 3487 No. Holes: 332 Hole size: 0.42

Provide a brief summary of the formation treatment: Open Hole: [ ]

Frac Disclosure has been uploaded to Frac Focus.

This formation is commingled with another formation: [ ] Yes [X] No

Total fluid used in treatment (bbl): 4164 Max pressure during treatment (psi): 3940

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

Type of gas used in treatment: Min frac gradient (psi/ft): 0.89

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): 4068 Disposition method for flowback:

Total proppant used (lbs): 312660 Rule 805 green completion techniques were utilized: [X]

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:

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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: 7/15/2015 Email: Toya.Colvin@bp.com  
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### **Attachment Check List**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
400867453	FORM 5A SUBMITTED

Total Attach: 1 Files

### **General Comments**

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

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