

FORM
5Rev
09/14

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:

400878607

Date Received:

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☒ Final completion ☐ Preliminary completion

OGCC Operator Number: 10000

Contact Name: Randy Loudenburg

Name of Operator: BP AMERICA PRODUCTION COMPANY

Phone: (970) 335-3828

Address: 501 WESTLAKE PARK BLVD

Fax: (970) 375-7529

City: HOUSTON State: TX Zip: 77079

API Number 05-067-09928-00

County: LA PLATA

Well Name: Tubbs 32-6-9 A

Well Number: 2

Location: QtrQtr: SWNE Section: 9 Township: 32N Range: 6W Meridian: N

Footage at surface: Distance: 2478 feet Direction: FNL Distance: 2240 feet Direction: FEL

As Drilled Latitude: 37.032295 As Drilled Longitude: -107.504318

GPS Data:

Date of Measurement: 07/15/2015 PDOP Reading: 1.6 GPS Instrument Operator's Name: Bert Winkler

** If directional footage at Top of Prod. Zone Dist.: 1575 feet. Direction: FSL Dist.: 1377 feet. Direction: FEL

Sec: 9 Twp: 32N Rng: 6W

** If directional footage at Bottom Hole Dist.: 1552 feet. Direction: FSL Dist.: 1365 feet. Direction: FEL

Sec: 9 Twp: 32N Rng: 6W

Field Name: IGNACIO BLANCO

Field Number: 38300

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 05/29/2015 Date TD: 06/01/2015 Date Casing Set or D&A: 06/02/2015

Rig Release Date: 06/07/2015 Per Rule 308A.b.

Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 3590 TVD** 3112 Plug Back Total Depth MD 3534 TVD** 3057

Elevations GR 6348 KB 6359 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

Cased Hole Cement Bond Log, Compensated Neutron Log and Open Hole Resistivity and Gamma Ray Log

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	8+5/8	24	0	726	270	0	735	CBL
1ST	7+7/8	5+1/2	15.5	0	3,579	345	0	3,590	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
FRUITLAND COAL	3,204	3,333	NO	NO	

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: _____

Email: randy.loudenburg@bp.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
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Attachment Checklist

400880974	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400880949	Directional Survey **	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

Other Attachments

400884497	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400884499	PDF-NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400884501	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400884535	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400884567	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400885097	PDF-RESISTIVITY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)