

FORM
5
Rev
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:
400881222

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 05-067-09930-00 County: LA PLATA
 Well Name: Bonifacio Gallegos A Well Number: 3
 Location: QtrQtr: SWSE Section: 2 Township: 33N Range: 8W Meridian: N
 Footage at surface: Distance: 1153 feet Direction: FSL Distance: 2530 feet Direction: FEL
 As Drilled Latitude: 37.129097 As Drilled Longitude: -107.686151

GPS Data:
 Date of Measurement: 07/14/2015 PDOP Reading: 2.1 GPS Instrument Operator's Name: Bert Winkler

** If directional footage at Top of Prod. Zone Dist.: 855 feet. Direction: FSL Dist.: 1166 feet. Direction: FEL
 Sec: 2 Twp: 33N Rng: 8W
 ** If directional footage at Bottom Hole Dist.: 849 feet. Direction: FSL Dist.: 1139 feet. Direction: FEL
 Sec: 2 Twp: 33N Rng: 8W

Field Name: IGNACIO BLANCO Field Number: 38300
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 06/08/2015 Date TD: 06/10/2015 Date Casing Set or D&A: 06/11/2015
 Rig Release Date: 06/11/2015 Per Rule 308A.b.

Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 3533 TVD** 3100 Plug Back Total Depth MD 3476 TVD** 3043
 Elevations GR 6634 KB 6645 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
 Cased Hole Cement Bond Log and Compensated Neutron Log uploaded. The Open Hole Resistivity and gamma ray logs were run on the Bonifacio Gallegos A 2 (API# 05-067-09059-00)

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	392	165	0	403	CBL
1ST	7+7/8	5+1/2	15.5	0	3,519	345	0	3,533	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	3,072	3,241	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 ?	
Attachment Checklist			
400885418	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400881255	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			
400885387	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400885397	PDF-NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400885399	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400885420	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)