

FORM  
5ARev  
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



DE	ET	OE	ES
----	----	----	----

Document Number:

400881264

Date Received:

08/17/2015

## 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: 10000 4. Contact Name: Randy Loudenburg  
 2. Name of Operator: BP AMERICA PRODUCTION COMPANY Phone: (970) 335-3828  
 3. Address: 501 WESTLAKE PARK BLVD Fax: (970) 375-7529  
 City: HOUSTON State: TX Zip: 77079 Email: randy.loudenburg@bp.com

5. API Number 05-067-09930-00 6. County: LA PLATA  
 7. Well Name: Bonifacio Gallegos A Well Number: 3  
 8. Location: QtrQtr: SWSE Section: 2 Township: 33N Range: 8W Meridian: N  
 9. Field Name: IGNACIO BLANCO Field Code: 38300

## Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING Treatment Type: FRACTURE STIMULATIONTreatment Date: 06/19/2015 End Date: 06/19/2015 Date of First Production this formation: 07/30/2015Perforations Top: 3072 Bottom: 3241 No. Holes: 180 Hole size: 0.46Provide a brief summary of the formation treatment: Open Hole: ☐

Please see attached Form 13 for Bottom Hole Pressure Data

This formation is commingled with another formation: ☐ Yes ☒ NoTotal fluid used in treatment (bbl): 3068Max pressure during treatment (psi): 2706

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): 0.67Total acid used in treatment (bbl): 41Number of staged intervals: 2Recycled water used in treatment (bbl): 0Flowback volume recovered (bbl): 0Fresh water used in treatment (bbl): 3027

Disposition method for flowback: \_\_\_\_\_

Total proppant used (lbs): 191560Rule 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: 3 + 1/2 Tubing Setting Depth: 3364 Tbg setting date: 07/28/2015 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: 8/17/2015 Email randy.loudenburg@bp.com  
:

### **Attachment Check List**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
400881264	FORM 5A SUBMITTED
400885427	WELLBORE DIAGRAM
400885428	OTHER

Total Attach: 3 Files

### **General Comments**

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

Total: 0 comment(s)