

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:

400960563

Date Received:

12/28/2015

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) 335-3828</u>
3. Address: <u>380 AIRPORT RD</u>	Fax: <u>(970) 375-7529</u>
City: <u>DURANGO</u> State: <u>CO</u> Zip: <u>81303</u>	Email: <u>randy.loudenburg@bp.com</u>

5. API Number <u>05-067-08279-00</u>	6. County: <u>LA PLATA</u>
7. Well Name: <u>SOUTHERN UTE 33-8;</u>	Well Number: <u>32-9</u>
8. Location: QtrQtr: <u>NENW</u> Section: <u>32</u> Township: <u>33N</u> Range: <u>8W</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: 12/09/2015 End Date: 12/09/2015 Date of First Production this formation: 07/07/2000
Perforations Top: 3694 Bottom: 3879 No. Holes: 248 Hole size: 0.42

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

MIRU-12/9/2015
Pump first stage- 7 bbls 15% HCl acid
Pump rock salt diverter and 1500 lbs salt
Pump second stage- 24 bbls 15% HCl acid
Pump rock salt diverter and 1500 lbs salt
Pump third stage- 5 bbls 15% HCl acid
Mix 300 lbs of soda ash and 10 bbls fresh water
Shut in well
RDMO- 12/9/2015

Back on Production

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 46

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): 36

Number of staged intervals: _____

Recycled water used in treatment (bbl): _____

Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): 10

Disposition method for flowback: _____

Total proppant used (lbs): 3300

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:

This is a Southern Ute Indian Tribal mineral/surface owner well.

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: 12/28/2015 Email: randy.loudenburg@bp.com

Attachment Check List

Att Doc Num **Name**

400960563 FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)