

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



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

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: 10000

2. Name of Operator: BP AMERICA PRODUCTION COMPANY

3. Address: 380 AIRPORT RD

City: DURANGO State: CO Zip: 81303

4. Contact Name: Randy Loudenburg

Phone: (970) 335-3828

Fax: (970) 375-7529

Email: randy.loudenburg@bp.com

5. API Number 05-067-08279-00

7. Well Name: SOUTHERN UTE 33-8;

8. Location: QtrQtr: NENW Section: 32 Township: 33N Range: 8W Meridian: N

9. Field Name: IGNACIO BLANCO Field Code: 38300

6. County: LA PLATA

Well Number: 32-9

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)