

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



DE ET OE ES

Document Number:

401010485

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: 380 AIRPORT RD

Fax: (970) 375-7529

City: DURANGO State: CO Zip: 81303

API Number 05-067-09956-00

County: LA PLATA

Well Name: Ford H

Well Number: 1

Location: QtrQtr: SENW Section: 10 Township: 33N Range: 8W Meridian: N

Footage at surface: Distance: 1678 feet Direction: FNL Distance: 1704 feet Direction: FWL

As Drilled Latitude: 37.121282 As Drilled Longitude: -107.707946

GPS Data:

Date of Measurement: 02/02/2016 PDOP Reading: 2.5 GPS Instrument Operator's Name: Bob Cress

** If directional footage at Top of Prod. Zone Dist.: 960 feet. Direction: FNL Dist.: 2604 feet. Direction: FWL

Sec: 10 Twp: 33N Rng: 8W

** If directional footage at Bottom Hole Dist.: 727 feet. Direction: FNL Dist.: 2419 feet. Direction: FEL

Sec: 10 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) 12/16/2015 Date TD: 01/07/2016 Date Casing Set or D&A: 01/08/2016

Rig Release Date: 01/09/2016 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 3584 TVD** 3131 Plug Back Total Depth MD 3529 TVD** 3085

Elevations GR 6702 KB 6713 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

Cement Bond Log, Triple Combo (Open Hole Gamma Ray, Resistivity and Netron Logs), LAS

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	406	170	0	406	CBL
1ST	7+7/8	5+1/2	15.5	0	3,574	375	0	3,579	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	2,976	3,334	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 ?			
<u>Attachment Checklist</u>					
401010546	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
401010539	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"/>
<u>Other Attachments</u>					
401010499	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401010518	PDF-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401010543	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401013872	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

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

Total: 0 comment(s)