

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



Document Number:

401642722

Date Received:

05/17/2018

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type Final completion Preliminary completion

OGCC Operator Number: 10000 Contact Name: Patti Campbell
Name of Operator: BP AMERICA PRODUCTION COMPANY Phone: (970) 422-3517
Address: 380 AIRPORT RD Fax:
City: DURANGO State: CO Zip: 81303

API Number 05-007-06327-00 County: ARCHULETA
Well Name: Marquez A Well Number: 2
Location: QtrQtr: Lot 2 Section: 7 Township: 32N Range: 5W Meridian: N
Footage at surface: Distance: 2417 feet Direction: FNL Distance: 781 feet Direction: FWL
As Drilled Latitude: 37.033081 As Drilled Longitude: -107.439806

GPS Data:
Date of Measurement: 05/03/2018 PDOP Reading: 3.8 GPS Instrument Operator's Name: Bill Winters

** If directional footage at Top of Prod. Zone Dist.: 1962 feet Direction: FNL Dist.: 929 feet. Direction: FWL
Sec: 7 Twp: 32N Rng: 5W

** If directional footage at Bottom Hole Dist.: 1937 feet Direction: FNL Dist.: 1501 feet. Direction: FWL
Sec: 7 Twp: 32N Rng: 5W

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

Spud Date: (when the 1st bit hit the dirt) 02/13/2018 Date TD: 03/22/2018 Date Casing Set or D&A: 03/24/2018
Rig Release Date: 04/04/2018 Per Rule 308A.b.

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

Total Depth MD 3517 TVD** 2996 Plug Back Total Depth MD 3459 TVD** 2970

Elevations GR 6260 KB 6271 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
CBL, Gamma ray, resistivity

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	34	0	368	253	0	368	VISU
1ST	7+7/8	5+1/2	15.5	0	3,504	492	0	3,504	VISU

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	2,875				

Operator Comments

Pilot

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Patti Campbell

Title: Regulatory Analyst Date: 5/17/2018 Email: patricia.campbell@bp.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
401643022	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401643023	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401643021	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>			
401642722	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401643007	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401643012	LAS-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401643016	PDF-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401643019	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)