

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



Document Number:

401643741

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) 433-3517

Address: 380 AIRPORT RD

Fax:

City: DURANGO State: CO Zip: 81303

API Number 05-007-06327-02

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.: 725 feet Direction: FNL Dist.: 720 feet Direction: FEL

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: 04/02/2018 Date Casing Set or D&A: 04/03/2018

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 6840 TVD** 2812 Plug Back Total Depth MD 6840 TVD** 2812

Elevations GR 6260 KB 6271

Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

Gamma ray

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
1ST LINER	4+3/4	2+7/8	6.5	3083	6,817				

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

Lateral 1 ST 1

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

Signed: _____ Print Name: Patti CampbellTitle: Regulatory Analyst Date: 5/17/2018 Email: patricia.campbell@bp.com**Attachment Check List**

Att Doc Num	Document Name	attached ?
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Attachment Checklist

	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
401644224	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"/>

Other Attachments

401643741	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401644216	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401644217	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401644221	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)

