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 |
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Document Number: 400854650

Date Received:

10/15/2015

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.

| OGCC Operator Number:10000 Name of Operator: BP AMERICA PRODUCTION COMPANY | 4. Contact Name: Randy Loudenburg Phone: (970) 335-3828 |
|--|---|
| 3. Address: 501 WESTLAKE PARK BLVD | Fax: (970) 375-7529 |
| City: HOUSTON State: TX Zip: 77079 | Email: randy.loudenburg@bp.com |
| Gity. 1100310N State. 17 Zip. 11019 | |
| 5. API Number 05-067-06702-01 | 6. County: LA PLATA |
| 7. Well Name: SOUTHERN UTE BD | Well Number: 1 |
| 8. Location: QtrQtr: NENE Section: 23 Township: 34N | Range: _7W Meridian: M |
| 9. Field Name: IGNACIO BLANCO Field Code: 383 | 300 |
| Completed Interval | |
| FORMATION: FRUITLAND COAL Status: PRODUCING | Treatment Type: FRACTURE STIMULATION |
| Treatment Date: 06/13/2015 End Date: 06/13/2015 E | Date of First Production this formation: 06/13/2015 |
| Perforations Top: 2708 Bottom: 2812 No. Holes | |
| Provide a brief summary of the formation treatment: Open Hole: | : |
| Frac Disclosure uploaded to Frac Focus | |
| | |
| This formation is commingled with another formation: | |
| Total fluid used in treatment (bbl): 3260 | Max pressure during treatment (psi): 3260 |
| Total gas used in treatment (mcf): 0 | Fluid density at initial fracture (lbs/gal): 8.33 |
| Type of gas used in treatment: | Min frac gradient (psi/ft): 1.12 |
| Total acid used in treatment (bbl): 96 | Number of staged intervals: 2 |
| Recycled water used in treatment (bbl): 0 | Flowback volume recovered (bbl): |
| Fresh water used in treatment (bbl): 3164 Disposition n | method for flowback: |
| Total proppant used (lbs): 227100 Rule 805 green | completion techniques were utilized: |
| Reason why green cor | mpletion not utilized: |
| Fracture stimulations must be reported on Frac | Focus.org |
| | |
| Test Information: | |
| Date: Hours: Bbl oil: N | Mcf Gas: Bbl H2O: |
| Calculated 24 hour rate: Bbl oil: Mcf Gas: B | Bbl H2O: GOR: |
| Test Method: Casing PSI: Tub | oing PSI: Choke Size: |
| Gas Disposition: Gas Type: E | Btu Gas: API Gravity Oil: |
| Tubing Size: 2 + 7/8 Tubing Setting Depth: 2897 Tbg setting date | e:07/24/2015 |
| 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. |

| Commen | t: | | | | | |
|-----------|---|---------------|---------------------|------------|--------------------------|--|
| This is a | This is a Southern Ute Indian Tribe mineral and surface owner | | | | | |
| | | | | | | |
| I hereby | certify all statements made in this for | m are, to the | e best of my knowle | edge, true | , correct, and complete. | |
| Signed: | | | Print N | lame: Ra | ndy Loudenburg | |
| Title: | Regulatory Agent | Date: _ | 10/15/2015 | Email | randy.loudenburg@bp.com | |

Attachment Check List

| Att Doc Num | <u>Name</u> |
|-------------|-------------------|
| 400854650 | FORM 5A SUBMITTED |
| 400863872 | WELLBORE DIAGRAM |
| 400918681 | WELLBORE DIAGRAM |

Total Attach: 3 Files

General Comments

| User Group | Comment | Comment Date |
|------------|---|---------------------------|
| Permit | Returned to draft per operator request. Operator wanted to check form for accuracy. | 10/15/2015 11:14:57 AM |
| Permit | Well was deepened, therefore a new Form 5 will be necessary. Wait for new Form 5. | 7/7/2015 9:14:50 AM |

Total: 2 comment(s)