

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 401003630

Date Received:

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 4. Contact Name: Randy Loudenburg
2. Name of Operator: BP AMERICA PRODUCTION COMPANY Phone: (970) 335-3828
3. Address: 380 AIRPORT RD City: DURANGO State: CO Zip: 81303 Fax: (970) 375-7529 Email: randy.loudenburg@bp.com

5. API Number 05-067-09687-00 6. County: LA PLATA
7. Well Name: FEDERAL LAND BANK B Well Number: 4
8. Location: QtrQtr: NESW Section: 25 Township: 34N Range: 9W Meridian: M
9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING Treatment Type:
Treatment Date: 02/02/2016 End Date: 02/04/2016 Date of First Production this formation: 12/28/2009
Perforations Top: 2798 Bottom: 2940 No. Holes: 60 Hole size: 0.46
Provide a brief summary of the formation treatment: Open Hole: []

Re-perforated at the following intervals:
2798'-2802' 6 jspf
2934'-2940' 6 jspf

This formation is commingled with another formation: [] Yes [X] No
Total fluid used in treatment (bbl): 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): Number of staged intervals:
Recycled water used in treatment (bbl): Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): Disposition method for flowback:
Total proppant used (lbs): 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: 2 + 7/8 Tubing Setting Depth: 3029 Tbg setting date: 02/03/2016 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:

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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 **Name**

401003650	WELLBORE DIAGRAM
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Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)