

FORM
5
Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400079775

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

1. OGCC Operator Number: 95715 4. Contact Name: Jessica Donahue
2. Name of Operator: BLACK HILLS EXPLORATION AND PRODUCTION IN Phone: (720) 210-1333
3. Address: 1515 WYNKOOP STE 500 Fax: (303) 566-3344
City: DENVER State: CO Zip: 80202

5. API Number 05-067-09741-00 6. County: LA PLATA
7. Well Name: Ute Well Number: 33-23
8. Location: QtrQtr: NENE Section: 33 Township: 33N Range: 8W Meridian: N
Footage at surface: Direction: FNL Distance: 1141 Direction: FEL Distance: 1055
As Drilled Latitude: _____ As Drilled Longitude: _____
GPS Data:
Data of Measurement: _____ PDOP Reading: _____ GPS Instrument Operator's Name: _____
** If directional footage
at Top of Prod. Zone Distance: 1772 Direction: FNL Distance: 1791 Direction: FEL
at Bottom Hole Distance: 1915 Direction: FNL Distance: 1966 Direction: FEL
9. Field Name: IGNACIO BLANCO 10. Field Number: 38300
11. Federal, Indian or State Lease Number: 14-20-151-49

12. Spud Date: (when the 1st bit hit the dirt) 06/03/2010 13. Date TD: 06/09/2010 14. Date Casing Set or D&A: 06/11/2010

15. Well Classification:
☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 4283 TVD 4069 17 Plug Back Total Depth MD 4208 TVD 3999

18. Elevations GR 7294 KB 7306 One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:
CBL, Triple Combo

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Bottom	Cement Top
SURF	12+1/4	8+5/8	24	468	245	468	0
1ST	7+7/8	5+1/2	17	4,268	660		926

REMEDIAL CEMENT

Cement work date: _____

Details of work: _____

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
FRUITLAND COAL	3,658	4,237	<input type="checkbox"/>	<input type="checkbox"/>	

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

Signed: _____ Print Name: Jessica Donahue

Title: Regulatory Technician Date: 7/28/2010 Email: Jessica.Donahue@blackhillscorp.com

Based on the information provided herein, this Application for Permit-to-Drill complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name	Doc Description
400080255	LAS-TRIPLE COMBINATION	ute3323combo.LAS
400080256	PDF-CEMENT BOND	ute3323cbl.pdf

Total Attach: 2 Files