

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



DE ET OE ES

DRILLING COMPLETION REPORT

Document Number:

400080009

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 05-067-09809-00 6. County: LA PLATA
7. Well Name: Ute Well Number: 33-44
8. Location: QtrQtr: NWSE Section: 33 Township: 33N Range: 8W Meridian: N
Footage at surface: Distance: 1623 feet Direction: FSL Distance: 1435 feet Direction: FEL
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: 811 feet Direction: FSL Distance: 807 feet Direction: FEL
Sec: 33 Twp: 33N Rng: 8W
at Bottom Hole Distance: 694 feet Direction: FSL Distance: 718 feet Direction: FEL
Sec: 33 Twp: 33N Rng: 8W

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) 06/12/2010 13. Date TD: 06/18/2010 14. Date Casing Set or D&A: _____

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 4300 TVD 4098 17 Plug Back Total Depth MD 4266 TVD 4066

18. Elevations GR 7258 KB 7270

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:

CNL/GR/CCL/CBT/Spectrascan

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Top	Cement Bot	Status
SURF	12+1/4	8+5/8	24	439	260	0	439	VISU
1ST	7+7/8	5+1/2	17	4,299	865	0	4,299	VISU

ADDITIONAL CEMENT

Cement work date: 07/21/2010

Details of work:

Perf 3706-3708': Cmt Sqz - 25 sx Typelll, .4% Halad 322, .2% Halad 344, .1% HR-G (6.4 bbls)

Perf 4047-4051': Cmt Sqz - 55 sx Typelll, .4% Halad 322, .2% Halad 344, .1% HR-5 (14 bbls)

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	3,706	25		
SQUEEZE	1ST	4,047	55		

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	3,836	4,062	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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: _____ Email: Jessica.Donahue@blackhillscorp.com

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400112390	DIRECTIONAL SURVEY
400112395	CEMENT JOB SUMMARY
400113313	LAS-CEMENT BOND
400113325	LAS-TRACER SURVEY
400113326	LAS-TRACER SURVEY
400113327	LAS-CEMENT BOND
400113378	WELLBORE DIAGRAM

Total Attach: 7 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)