

FORM
5A

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:

400080039

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: 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
9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: <u>FRUITLAND COAL</u>	Status: <u>PRODUCING</u>
Treatment Date: _____ Date of First Production this formation: _____	
Perforations Top: <u>3870</u> Bottom: <u>4051</u> No. Holes: <u>102</u> Hole size: <u>0.4</u>	
Provide a brief summary of the formation treatment: _____ Open Hole: <input type="checkbox"/>	
For interval 6870-3930: pumped 1428 gal 15% HCL, 138,400# 20/40 wht, sandwedge, 20# XL gel, 2261 bbls; For interval 3994-4051: pumped 2700 gal 15% HCL, 175,300# 20/40 wht, sandwedge, 20# SL gel, 2774 bbls	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>10/13/2010</u> Hours: <u>2</u> Bbls oil: <u>0</u> Mcf Gas: <u>0</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate: _____ Bbls oil: <u>0</u> Mcf Gas: <u>0</u> Bbls H2O: <u>0</u> GOR: _____	
Test Method: <u>Flowing</u> Casing PSI: _____ Tubing PSI: _____ Choke Size: _____	
Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____	
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____	
Reason for Non-Production: _____	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____	
Bridge Plug Depth: _____ Sacks cement on top: _____	

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 Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400113380	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)