

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:

400113148

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 05-067-09811-00 6. County: LA PLATA
7. Well Name: Ute Well Number: 34-34
8. Location: QtrQtr: SESE Section: 34 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: <u>09/17/2010</u>	
Perforations	Top: <u>3808</u> Bottom: <u>4001</u>	No. Holes: <u>148</u>	Hole size: <u>0.4</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: <u>08/28/2010</u>	Hours: <u>6</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>25</u> Bbls H2O: <u>12</u>
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>100</u> Bbls H2O: <u>48</u> GOR: _____
Test Method: <u>Flowing</u>	Casing PSI: <u>245</u>	Tubing PSI: _____	Choke Size: _____
Gas Disposition: <u>SOLD</u>	Gas Type: _____	BTU Gas: <u>964</u>	API Gravity Oil: <u>0</u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>4112</u>	Tbg setting date: <u>08/29/2010</u>	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: 12/2/2010 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 *David S. Neslin*

COGCC Approved: _____ Director of COGCC Date: 2/21/2011

Attachment Check List

Att Doc Num	Name
400113148	FORM 5A SUBMITTED
400113154	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)