

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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COMPLETED INTERVAL REPORT

Document Number:
400113148

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

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: FRUITLAND COAL Status: PRODUCING

Treatment Date: _____ Date of First Production this formation: 09/17/2010

Perforations Top: 3808 Bottom: 4001 No. Holes: 148 Hole size: 0.4

Provide a brief summary of the formation treatment: _____ Open Hole:

This formation is commingled with another formation: Yes No

Test Information:

Date: 08/28/2010 Hours: 6 Bbls oil: 0 Mcf Gas: 25 Bbls H2O: 12

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 100 Bbls H2O: 48 GOR: _____

Test Method: Flowing Casing PSI: 245 Tubing PSI: _____ Choke Size: _____

Gas Disposition: SOLD Gas Type: _____ BTU Gas: 964 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 4112 Tbg setting date: 08/29/2010 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: _____

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. Noshin*

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)