

FORM 5

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

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Date Received:

11/05/2008

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.

Completion Type Final completion Preliminary completion

1. OGCC Operator Number: 10150 4. Contact Name: DOUG HOLLANDS
2. Name of Operator: BLACK HILLS PLATEAU PRODUCTION LLC Phone: (720) 210-1300
3. Address: 350 INDIANA ST STE 400 AT Fax: (720) 210-1363
City: GOLDEN State: CO Zip: 80401

5. API Number 05-077-09384-00 6. County: MESA
7. Well Name: WINTER FLATS FEDERAL Well Number: 11-43 100
8. Location: QtrQtr: SESE Section: 11 Township: 9S Range: 100W Meridian: 6
Footage at surface: Distance: 1296 feet Direction: FSL Distance: 1074 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 Dist.: feet. Direction: Dist.: feet. Direction:
Sec: Twp: Rng:
** If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:
Sec: Twp: Rng:

9. Field Name: BRONCO 10. Field Number: 7560
11. Federal, Indian or State Lease Number: COC 12657

12. Spud Date: (when the 1st bit hit the dirt) 09/06/2008 13. Date TD: 09/22/2008 14. Date Casing Set or D&A: 09/24/2008

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

16. Total Depth MD 6980 TVD** 6980 17 Plug Back Total Depth MD 6940 TVD** 6940

18. Elevations GR 6618 KB 6635
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:
BOND LOG, DENSITY LOG

20. Casing, Liner and Cement:

CASING

Table with 10 columns: Casing Type, Size of Hole, Size of Casing, Wt/Ft, Csg/Liner Top, Setting Depth, Sacks Cmt, Cmt Top, Cmt Bot, Status. Rows include CONDUCTOR, SURF, and 1ST.

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

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	
ROLLINS	1,693		<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	1,812		<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	2,059		<input type="checkbox"/>	<input type="checkbox"/>	
MANCOS	2,310		<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA-JSND	6,365		<input type="checkbox"/>	<input type="checkbox"/>	
MORRISON	6,555		<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: Y _____ Print Name: DOUG HOLLANDS _____

Title: ENGINEERING TECH Date: 11/4/2008 Email: GHOLLANDS@BHEP.COM

Attachment Check List

Att Doc Num	Document Name	attached ?
Attachment Checklist		
	CMT Summary *	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Logs	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)