

FORM  
5Rev  
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



DE ET OE ES

Document Number:

1937796

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. 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: 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:

Date 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&amp;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

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	20	16		0	56		0	56	
SURF	14+3/4	9+5/8		0	1,750	1,070	0	1,755	
1ST	7+7/8	5+1/2		0	6,978	1,150	2,630	6,978	CBL

**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 HOLLANDSTitle: ENGINEERING TECH Date: 11/4/2008 Email: GHOLLANDS@BHEP.COM**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	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)