

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



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Document Number:

400448725

Date Received:

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: Jessica Donahue

2. Name of Operator: BLACK HILLS PLATEAU PRODUCTION LLC

Phone: (720) 210-1333

3. Address: 1515 WYNKOOP ST STE 500

Fax: (303) 566-3344

City: DENVER State: CO Zip: 80202

5. API Number 05-077-10204-00

6. County: MESA

7. Well Name: WhF

Well Number: DHS3C-20 D17998

8. Location: QtrQtr: NWNW Section: 17 Township: 9S Range: 98W Meridian: 6

Footage at surface: Distance: 958 feet Direction: FNL Distance: 827 feet Direction: FWL

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.: 849 feet. Direction: FNL Dist.: 1861 feet. Direction: FEL

Sec: 17 Twp: 9S Rng: 98W

** If directional footage at Bottom Hole Dist.: 47 feet. Direction: FSL Dist.: 1806 feet. Direction: FEL

Sec: 20 Twp: 9S Rng: 98W

9. Field Name: BRONCO FLATS

10. Field Number: 7563

11. Federal, Indian or State Lease Number: COC12645

12. Spud Date: (when the 1st bit hit the dirt) 01/30/2013 13. Date TD: 06/02/2013 14. Date Casing Set or D&A: 06/16/2013

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 16969 TVD** 5898 17 Plug Back Total Depth MD TVD**

18. Elevations GR 5771 KB 5795

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:

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	30	20		0	142		0	142	VISU
SURF	14+3/4	10+3/4	40.5	0	1,006	420	0	1,006	VISU
1ST	9+7/8	7+5/8	26.4	0	5,781	865	1,211	5,781	CALC
1ST LINER	6+3/4	4+1/2	11.6	0	16,178	1,678	0	16,178	VISU

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	
MANCOS	4,084	16,969	<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: _____

Print Name: Jessica Donahue

Title: Regulatory Technician

Date: _____

Email: Jessica.Donahue@blackhillscorp.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400449023	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input 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 checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400448789	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400448790	LAS-SONIC	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400448791	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400448923	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments**User Group****Comment****Comment Date**

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Total: 0 comment(s)