

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



DE ET OE ES

Document Number:

400457287

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

5. API Number 05-077-10200-00
6. County: MESA
7. Well Name: WhF Well Number: DHS3C-19 D17998
8. Location: QtrQtr: NWNW Section: 17 Township: 9S Range: 98W Meridian: 6
Footage at surface: Distance: 975 feet Direction: FNL Distance: 796 feet Direction: FWL
As Drilled Latitude: 39.277517 As Drilled Longitude: -108.358966

GPS Data:

Data of Measurement: 07/25/2013 PDOP Reading: 2.4 GPS Instrument Operator's Name: Jessica Donahue

** If directional footage at Top of Prod. Zone Dist.: 1693 feet. Direction: FNL Dist.: 1988 feet. Direction: FEL

Sec: 18 Twp: 9s Rng: 98w

** If directional footage at Bottom Hole Dist.: 597 feet. Direction: FSL Dist.: 1983 feet. Direction: FEL

Sec: 19 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) 06/18/2013 13. Date TD: 07/08/2013 14. Date Casing Set or D&A: 07/12/2013

15. Well Classification:

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

16. Total Depth MD 15350 TVD** 5709 17 Plug Back Total Depth MD TVD**

18. Elevations GR 5772 KB 5796

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		20		0	142				
SURF	14+3/4	10+3/4	40.5	0	1,002	330	0	1,002	VISU
1ST	9+7/8	7+5/8	26.4	0	5,766	815	865	5,766	
2ND	6+3/4	5+1/2	20	0	6,049	1,300	0	15,297	VISU
1ST TAPER	6+3/4	5+1/2	17	6091	15,164				
NEW	6+3/4	4+1/2	11.6	15209	15,297				

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	3,885	5,709	<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>					
	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"/>
<u>Other Attachments</u>					
400470692	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)