

FORM
5
Rev
09/14

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:
400869212

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

OGCC Operator Number: 10150 Contact Name: Jessica Donahue
 Name of Operator: BLACK HILLS PLATEAU PRODUCTION LLC Phone: (720) 210-1333
 Address: 1515 WYNKOOP ST STE 500 Fax: (303) 566-3344
 City: DENVER State: CO Zip: 80202

API Number 05-077-08464-00 County: MESA
 Well Name: WINTER FLATS Well Number: 1-11-99
 Location: QtrQtr: NWSW Section: 11 Township: 9S Range: 99W Meridian: 6
 Footage at surface: Distance: 1602 feet Direction: FSL Distance: 1026 feet Direction: FWL
 As Drilled Latitude: 39.284928 As Drilled Longitude: -108.412520

GPS Data:
 Date of Measurement: 06/15/2010 PDOP Reading: 2.5 GPS Instrument Operator's Name: Jessica Donahue

** If directional footage at Top of Prod. Zone Dist.: 1602 feet. Direction: FSL Dist.: 1026 feet. Direction: FWL
 Sec: 11 Twp: 9s Rng: 99w
 ** If directional footage at Bottom Hole Dist.: 1602 feet. Direction: FSL Dist.: 1026 feet. Direction: FWL
 Sec: 11 Twp: 9s Rng: 99w

Field Name: BRONCO FLATS Field Number: 7563
 Federal, Indian or State Lease Number: COC012651A

Spud Date: (when the 1st bit hit the dirt) 02/04/1982 Date TD: 03/09/1982 Date Casing Set or D&A: 03/10/1982
 Rig Release Date: 03/10/1982 Per Rule 308A.b.

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

Total Depth MD 7200 TVD** 7200 Plug Back Total Depth MD 3100 TVD** 3100

Elevations GR 6090 KB 6105 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	15	10+3/4	40.5	0	282	300	0	282	
1ST	8+3/4	7	23	0	3,300	325	2,228		CBL
2ND	6+1/4	4+1/2	10.5	3390	7,200	250	4,398	7,200	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 07/30/2008

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
RETAINER	2ND	3,100	100	3,050	3,500

Details of work:

Casing cut and plug back details:
 CIBP & SET @ 6850'. DUMP BAIL 2 SKS CEMENT ON TOP OF CIBP.
 CUT 4 1/2" CSG @ 3390'. NDBOPE & CSG HEAD. SPEAR 4 1/2" CSG OUT OF SLIPS @ 60K. NUBOPE. SOOH
 4 1/2" CSG, 85 JTS & 2 CUT JTS 3390'. TIH W/ 7" CEMENT RETAINER TO 3100'. MIRU BJ. PUMP 100 SKS OF 15.9 PPG
 CEMENT. DISPLACE 90
 SKS BELOW RETAINER. STUNG OUT OF RET. DUMPING 10 SKS ON TOP OF RETAINER.
 PRESSURE TEST MIT ON 7" CSG TO 410 PSI. BLEED OFF TO 380 PSI IN 70 MINS. CHART
 RECORDED. MIRU RMWS F/ CBL/GR/CCL LOG F/ 3050' TO SURFACE.

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	

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 ?	
Attachment Checklist			
400869214	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
400869213	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other Attachments			
400869216	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400869218	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)