

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



DE ET OE ES

Document Number:
400866901

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 05-045-21932-00 County: GARFIELD
Well Name: Homer Deep Unit Well Number: 9-11AH
Location: QtrQtr: NWNW Section: 9 Township: 8S Range: 98W Meridian: 6
Footage at surface: Distance: 298 feet Direction: FNL Distance: 367 feet Direction: FWL
As Drilled Latitude: 39.380147 As Drilled Longitude: -108.339614

GPS Data:
Date of Measurement: 09/04/2014 PDOP Reading: 2.8 GPS Instrument Operator's Name: Jessica Donahue

** If directional footage at Top of Prod. Zone Dist.: 1773 feet. Direction: FNL Dist.: 532 feet. Direction: FEL
Sec: 8 Twp: 8S Rng: 98W

** If directional footage at Bottom Hole Dist.: 504 feet. Direction: FSL Dist.: 370 feet. Direction: FEL
Sec: 15 Twp: 8S Rng: 98W

Field Name: SOUTH SHALE RIDGE Field Number: 77760
Federal, Indian or State Lease Number: COC012733A

Spud Date: (when the 1st bit hit the dirt) 12/04/2014 Date TD: 02/15/2015 Date Casing Set or D&A: 02/28/2015
Rig Release Date: 06/20/2015 Per Rule 308A.b.

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

Total Depth MD 18851 TVD** 7415 Plug Back Total Depth MD TVD**

Elevations GR 5524 KB 5549 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
CBL

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
CONDUCTOR	30	20	Line	0	120	320	0	120	VISU
SURF	14+3/4	10+3/4	40.5	0	1,135	420	0	1,135	VISU
1ST	9+7/8	7+5/8	29.7	0	6,531	1,055	1,700	6,531	CBL
2ND	6+3/4	5+1/2	20	0	6,968	1,555			
TAPER	6+3/4	4+1/2	13.5	6968	18,800				

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:

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	
MANCOS	5,536	19,103	NO	NO	

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			
400872452	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400872426	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input 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"/>
Other Attachments			
400866948	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400866994	PDF-	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)