

FORM  
5Rev  
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:

400926181

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 05-045-22423-00

County: GARFIELD

Well Name: Homer Deep Unit

Well Number: 7-23AH

Location: QtrQtr: NESW Section: 7 Township: 8S Range: 98W Meridian: 6

Footage at surface: Distance: 1835 feet Direction: FSL Distance: 2399 feet Direction: FWL

As Drilled Latitude: 39.372020 As Drilled Longitude: -108.369706

## GPS Data:

Date of Measurement: 09/21/2015 PDOP Reading: 1.7 GPS Instrument Operator's Name: Aaron M. Grosch

\*\* If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

\*\* If directional footage at Bottom Hole Dist.: 1903 feet. Direction: FSL Dist.: 841 feet. Direction: FWL

Sec: 20 Twp: 8S Rng: 98W

Field Name: SOUTH SHALE RIDGE

Field Number: 77760

Federal, Indian or State Lease Number: COC067159

Spud Date: (when the 1st bit hit the dirt) 03/30/2015 Date TD: 06/06/2015 Date Casing Set or D&amp;A: 06/09/2015

Rig Release Date: 08/31/2015 Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 18005 TVD\*\* 6867 Plug Back Total Depth MD TVD\*\*

Elevations GR 5675 KB 5700 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             | 1,027         | 450       | 0       | 1,027   | VISU   |
| 1ST         | 9+7/8        | 7+5/8          | 29.7  | 0             | 6,837         | 1,220     | 75      | 6,837   | CBL    |
| 2ND         | 6+3/4        | 5+1/2          | 20    | 0             | 6,629         | 1,555     |         | 17,993  |        |
| TAPER       | 6+3/4        | 4+1/2          | 13.5  | 6629          | 17,993        |           |         |         |        |

### 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         | 3,889          |        | NO               | NO    |   |

Comment:

This well will not be completed until 2016.

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> |                       |            |                                     |    |                                     |
| 400926366                   | CMT Summary *         | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
|                             | Core Analysis         | Yes        | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |
| 400926504                   | 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"/> |
| <u>Other Attachments</u>    |                       |            |                                     |    |                                     |
| 400926207                   | PDF-CEMENT BOND       | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 400926363                   | 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)