

**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:

400923362

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 05-045-22489-00

County: GARFIELD

Well Name: Homer Deep Unit

Well Number: 9-11CH

Location: QtrQtr: NW/NW Section: 9 Township: 8S Range: 98W Meridian: 6

Footage at surface: Distance: 297 feet Direction: FNL Distance: 418 feet Direction: FWL

As Drilled Latitude: 39.380151 As Drilled Longitude: -108.339438

GPS Data:

Date of Measurement: 09/06/2014 PDOP Reading: 2.4 GPS Instrument Operator's Name: Jessica Donahue

** If directional footage at Top of Prod. Zone Dist.: 327 feet. Direction: FNL Dist.: 539 feet. Direction: FWL

Sec: 9 Twp: 8S Rng: 98W

** If directional footage at Bottom Hole Dist.: 1051 feet. Direction: FSL Dist.: 1638 feet. Direction: FWL

Sec: 15 Twp: 8S Rng: 98W

Field Name: SOUTH SHALE RIDGE

Field Number: 77760

Federal, Indian or State Lease Number: COC01733A

Spud Date: (when the 1st bit hit the dirt) 12/08/2014 Date TD: 05/21/2015 Date Casing Set or D&A:

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 18988 TVD** 7411 Plug Back Total Depth MD 17312 TVD** 7440

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	1,130	420	0	1,130	VISU
1ST	9+7/8	7+5/8	29.7	0	6,532	950	4,900	6,532	CBL
2ND	6+3/4	5+1/2	20	0	5,242	2,345	5,160	17,312	CBL
TAPER	6+3/4	4+1/2	13.5	5242	17,312				

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	4,053	18,988	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 ?			
<u>Attachment Checklist</u>					
400933425	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400933422	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>					
400933407	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400933413	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400933424	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)