

FORM  
5A

Rev  
06/12

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:

400955184

Date Received:

12/21/2015

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of 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  
Email: Jessica.Donahue@blackhillscorp.com

5. API Number 05-077-10201-00  
6. County: MESA  
7. Well Name: WhF  
Well Number: DHS7C-20 D17998  
8. Location: QtrQtr: NWNW Section: 17 Township: 9S Range: 98W Meridian: 6  
9. Field Name: BRONCO FLATS Field Code: 7563

Completed Interval

FORMATION: MANCOS Status: PRODUCING Treatment Type: FRACTURE STIMULATION  
Treatment Date: 09/29/2015 End Date: 10/10/2015 Date of First Production this formation: 11/02/2015  
Perforations Top: 6540 Bottom: 15462 No. Holes: 1500 Hole size: 0.37  
Provide a brief summary of the formation treatment: Open Hole: ☐  
This formation is commingled with another formation: ☐ Yes ☒ No  
Total fluid used in treatment (bbl): 589358 Max pressure during treatment (psi): 7748  
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.40  
Type of gas used in treatment: \_\_\_\_\_ Min frac gradient (psi/ft): \_\_\_\_\_  
Total acid used in treatment (bbl): 1001 Number of staged intervals: 44  
Recycled water used in treatment (bbl): \_\_\_\_\_ Flowback volume recovered (bbl): \_\_\_\_\_  
Fresh water used in treatment (bbl): 588357 Disposition method for flowback: \_\_\_\_\_  
Total proppant used (lbs): 21158020 Rule 805 green completion techniques were utilized: ☐  
Reason why green completion not utilized: \_\_\_\_\_

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 11/09/2015 Hours: 24 Bbl oil: 0 Mcf Gas: 7000 Bbl H2O: 2552  
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 7000 Bbl H2O: 2552 GOR: 0  
Test Method: Flow Casing PSI: \_\_\_\_\_ Tubing PSI: \_\_\_\_\_ Choke Size: \_\_\_\_\_  
Gas Disposition: \_\_\_\_\_ Gas Type: \_\_\_\_\_ Btu Gas: 1195 API Gravity Oil: 0  
Tubing Size: \_\_\_\_\_ Tubing Setting Depth: \_\_\_\_\_ Tbg setting date: \_\_\_\_\_ Packer Depth: \_\_\_\_\_  
Reason for Non-Production: \_\_\_\_\_  
Date formation Abandoned: \_\_\_\_\_ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt \_\_\_\_\_  
\*\* Bridge Plug Depth: \_\_\_\_\_ \*\* Sacks cement on top: \_\_\_\_\_ \*\* Wireline and Cement Job Summary must be attached.

Comment:

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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: 12/21/2015 Email: Jessica.Donahue@blackhillscorp.com  
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### **Attachment Check List**

**Att Doc Num**      **Name**

400955184	FORM 5A SUBMITTED
400957981	WELLBORE DIAGRAM

Total Attach: 2 Files

### **General Comments**

**User Group**      **Comment**      **Comment Date**

Permit	Not a Green completion.	1/26/2016 3:14:58 PM
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Total: 1 comment(s)