

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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) 566-334 Email: Jessica.Donahue@blackhillscorp.com

5. API Number 05-077-10205-00 6. County: MESA 7. Well Name: WhF Well Number: DHS5C-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: 09/17/2015 End Date: 09/27/2015 Date of First Production this formation: 12/04/2015 Perforations Top: 6740 Bottom: 15647 No. Holes: 1524 Hole size: 0.37 Provide a brief summary of the formation treatment: Open Hole: [] This formation is commingled with another formation: [] Yes [X] No Total fluid used in treatment (bbl): 556616 Max pressure during treatment (psi): 77720 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): 0.41 Total acid used in treatment (bbl): 1005 Number of staged intervals: 42 Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 19464 Fresh water used in treatment (bbl): 555611 Disposition method for flowback: Rule 805 green completion techniques were utilized: [] Total proppant used (lbs): 18653620 Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 12/03/2015 Hours: 24 Bbl oil: 0 Mcf Gas: 3000 Bbl H2O: 191 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 3000 Bbl H2O: 191 GOR: 0 Test Method: Flowing Casing PSI: Tubing PSI: Choke Size: Gas Disposition: FLARED Gas Type: Btu Gas: 1190 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

<u>Att Doc Num</u>	<u>Name</u>
400955177	FORM 5A SUBMITTED
400956337	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Not a Green Completion.	1/26/2016 3:44:43 PM

Total: 1 comment(s)