

FORM
5A

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

400110207

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: 95715 4. Contact Name: Jessica Donahue
 2. Name of Operator: BLACK HILLS EXPLORATION AND PRODUCTION IN Phone: (720) 210-1333
 3. Address: 1515 WYNKOOP STE 500 Fax: (303) 566-3344
 City: DENVER State: CO Zip: 80202

5. API Number 05-067-09706-00 6. County: LA PLATA
 7. Well Name: Jaques Ute Well Number: 34-14
 8. Location: QtrQtr: SWNE Section: 34 Township: 33N Range: 8W Meridian: N
 9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING
 Treatment Date: 08/31/2010 Date of First Production this formation: _____
 Perforations Top: 3996 Bottom: 4228 No. Holes: 212 Hole size: 0.4
 Provide a brief summary of the formation treatment: _____ Open Hole:
 For interval 3996-4095': 1,890 gal 15% HCL, 149,700# 20/40 wht, sand wedge, 20# XL gel, 2,646 bbls
 For interval 4154-4175': 1,637 gal 15% HCL, 122,500# 20/40 wht, sand wedge, 20# XL gel, 2,200 bbls
 For interval 4209-4226': 2,424 gal 15% HCL, 5,000# 100 mesh wht, 52,600# 20/40 wht, sand wedge, 20# XL gel, 1,124 bbls
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 10/06/2010 Hours: 1 Bbls oil: 0 Mcf Gas: 6 Bbls H2O: 1
 Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 150 Bbls H2O: 30 GOR: _____
 Test Method: Flowing Casing PSI: 310 Tubing PSI: 25 Choke Size: 1/2
 Gas Disposition: SOLD Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 4337 Tbg setting date: 10/08/2010 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: _____

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

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400110208	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)