

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



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Document Number:

400110207

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: 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: <u>FRUITLAND COAL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>08/31/2010</u>	Date of First Production this formation: _____
Perforations Top: <u>3996</u> Bottom: <u>4228</u>	No. Holes: <u>212</u> Hole size: <u>0.4</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>10/06/2010</u> Hours: <u>1</u> Bbls oil: <u>0</u> Mcf Gas: <u>6</u> Bbls H2O: <u>1</u>	
Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>150</u> Bbls H2O: <u>30</u> GOR: _____	
Test Method: <u>Flowing</u> Casing PSI: <u>310</u> Tubing PSI: <u>25</u> Choke Size: <u>1/2</u>	
Gas Disposition: <u>SOLD</u> Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>4337</u> Tbg setting date: <u>10/08/2010</u> Packer Depth: _____	
Reason for Non-Production: _____	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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)