

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
----	----	----	----

Document Number:

400113148

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

5. API Number 05-067-09811-00  
6. County: LA PLATA  
7. Well Name: Ute Well Number: 34-34  
8. Location: QtrQtr: SESE 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: \_\_\_\_\_ Date of First Production this formation: 09/17/2010  
Perforations Top: 3808 Bottom: 4001 No. Holes: 148 Hole size: 0.4  
Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐  
This formation is commingled with another formation: ☐ Yes ☒ No  
**Test Information:**  
Date: 08/28/2010 Hours: 6 Bbls oil: 0 Mcf Gas: 25 Bbls H2O: 12  
Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 0 Mcf Gas: 100 Bbls H2O: 48 GOR: \_\_\_\_\_  
Test Method: Flowing Casing PSI: 245 Tubing PSI: \_\_\_\_\_ Choke Size: \_\_\_\_\_  
Gas Disposition: SOLD Gas Type: \_\_\_\_\_ BTU Gas: \_\_\_\_\_ API Gravity Oil: \_\_\_\_\_  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 4112 Tbg setting date: 08/29/2010 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
400113154	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)