

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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Date Received:

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 4. Contact Name: Jessica Donahue  
 2. Name of Operator: BLACK HILLS PLATEAU PRODUCTION LLC Phone: (720) 210-1333  
 3. Address: 1515 WYNKOOP ST STE 500 Fax: (303) 566-3344  
 City: DENVER State: CO Zip: 80202 Email: Jessica.Donahue@blackhillscorp.com

5. API Number 05-077-10200-00 6. County: MESA  
 7. Well Name: WhF Well Number: DHS3C-19 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: 11/25/2013 End Date: 12/05/2013 Date of First Production this formation: 12/10/2013  
 Perforations Top: \_\_\_\_\_ Bottom: \_\_\_\_\_ No. Holes: 2136 Hole size: \_\_\_\_\_  
 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): 477750 Max pressure during treatment (psi): 7430  
 Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): \_\_\_\_\_  
 Type of gas used in treatment: \_\_\_\_\_ Min frac gradient (psi/ft): \_\_\_\_\_  
 Total acid used in treatment (bbl): 936 Number of staged intervals: 40  
 Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 38166  
 Fresh water used in treatment (bbl): 477750 Disposition method for flowback: RECYCLE  
 Total proppant used (lbs): 9563240 Rule 805 green completion techniques were utilized:   
 Reason why green completion not utilized: PIPELINE

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: \_\_\_\_\_ Hours: \_\_\_\_\_ Bbl oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbl H2O: \_\_\_\_\_  
 Calculated 24 hour rate: Bbl oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbl H2O: \_\_\_\_\_ GOR: \_\_\_\_\_  
 Test Method: \_\_\_\_\_ Casing PSI: \_\_\_\_\_ Tubing PSI: \_\_\_\_\_ Choke Size: \_\_\_\_\_  
 Gas Disposition: \_\_\_\_\_ Gas Type: \_\_\_\_\_ Btu Gas: \_\_\_\_\_ API Gravity Oil: \_\_\_\_\_  
 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: \_\_\_\_\_ Email: Jessica.Donahue@blackhillscorp.com  
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### Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400558699	WELLBORE DIAGRAM

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)