

FORM  
5Rev  
02/08

## State of Colorado

## Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400457287

Date Received:

08/29/2013

## DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☒ Final completion ☐ Preliminary 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

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

Footage at surface: Distance: 975 feet Direction: FNL Distance: 796 feet Direction: FWL

As Drilled Latitude: 39.277517 As Drilled Longitude: -108.358966

## GPS Data:

Date of Measurement: 07/25/2013 PDOP Reading: 2.4 GPS Instrument Operator's Name: Jessica Donahue

\*\* If directional footage at Top of Prod. Zone Dist.: 1693 feet. Direction: FNL Dist.: 1988 feet. Direction: FEL

Sec: 18 Twp: 9s Rng: 98w

\*\* If directional footage at Bottom Hole Dist.: 597 feet. Direction: FSL Dist.: 1983 feet. Direction: FEL

Sec: 19 Twp: 9s Rng: 98w

9. Field Name: BRONCO FLATS

10. Field Number: 7563

11. Federal, Indian or State Lease Number: COC12645

12. Spud Date: (when the 1st bit hit the dirt) 06/18/2013 13. Date TD: 07/08/2013 14. Date Casing Set or D&amp;A: 07/12/2013

## 15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 15350 TVD\*\* 5709 17 Plug Back Total Depth MD 15252 TVD\*\* 5710

18. Elevations GR 5772 KB 5796

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

20. Casing, Liner and Cement:

## CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR		20		0	142				
SURF	14+3/4	10+3/4	40.5	0	1,002	330	0	1,002	VISU
1ST	9+7/8	7+5/8	26.4	0	5,766	815	865	5,766	
2ND	6+3/4	5+1/2	20	0	6,091	1,300	0	15,297	VISU
1ST TAPER	6+3/4	5+1/2	17	6091	9,118				
TAPER	6+3/4	4+1/2	11.6	9118	15,305				

### STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

21. Formation log intervals and test zones:

### FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
MANCOS	3,885	5,709	<input type="checkbox"/>	<input type="checkbox"/>	

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: 8/29/2013 Email: Jessica.Donahue@blackhillscorp.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400660501	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400457287	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400470692	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400660497	PDF-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

## General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Pending:requested cmt summary of sfc csg, logs and directional survey. Asked for verification of PBTD and 4 1/2 and 5 1/2" casing string setting points.  Attached cement summary on surface pipe and directional survey, then changed casing information as per operator. 12/20/13. Disregard attachment 2622722. Still needs CBL log. 1/9/2014.	10/24/2013 11:15:27 AM

Total: 1 comment(s)