

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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

936 BBL 15% ACID, 9563240 # SAND, 477750 BBL WATER.

This formation is commingled with another formation: [] Yes [X] 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:

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: 2/21/2014 Email: Jessica.Donahue@blackhillscorp.com
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400537147	FORM 5A SUBMITTED
400558699	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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