

**FORM
5**Rev
09/14**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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Document Number:
400926408

Date Received:

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

OGCC Operator Number: 10150

Contact Name: Jessica Donahue

Name of Operator: BLACK HILLS PLATEAU PRODUCTION LLC

Phone: (720) 210-1333

Address: 1515 WYNKOOP ST STE 500

Fax: (303) 566-3344

City: DENVER State: CO Zip: 80202

API Number 05-045-22809-00

County: GARFIELD

Well Name: Homer Deep Unit

Well Number: 7-23DH

Location: QtrQtr: NESW Section: 7 Township: 8S Range: 98W Meridian: 6

Footage at surface: Distance: 1883 feet Direction: FNL Distance: 2462 feet Direction: FWL

As Drilled Latitude: 39.372156 As Drilled Longitude: -108.369509

GPS Data:

Date of Measurement: 09/22/2015 PDOP Reading: 2.0 GPS Instrument Operator's Name: Aaron M. Grosch

** If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

** If directional footage at Bottom Hole Dist.: 1118 feet. Direction: FNL Dist.: 888 feet. Direction: FEL

Sec: 20 Twp: 8S Rng: 98W

Field Name: SOUTH SHALE RIDGE

Field Number: 77760

Federal, Indian or State Lease Number: COC067159

Spud Date: (when the 1st bit hit the dirt) 04/04/2015 Date TD: 06/27/2015 Date Casing Set or D&A: 06/30/2015

Rig Release Date: 08/29/2015 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 18100 TVD** 7067 Plug Back Total Depth MD TVD**

Elevations GR 5675 KB 5700 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

CBL

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	30	20	Line	0	120	320	0	120	VISU
SURF	14+3/4	10+3/4	40.5	0	1,012	418	0	1,012	VISU
1ST	9+7/8	7+5/8	29.7	0	6,865	1,095			
2ND	6+3/4	5+1/2	20	0	6,666	1,315			
TAPER	6+3/4	4+1/2	13.5	6666	18,080				

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:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
MANCOS	3,946		NO	NO	

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

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400926450	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>					
400926444	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400926448	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)