

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



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Document Number:

400157018

**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: 10203 4. Contact Name: Madeleine Lariviere  
2. Name of Operator: BLACK RAVEN ENERGY INC Phone: (303) 308-1330  
3. Address: 1331 17TH STREET - #350 Fax: (303) 308-1590  
City: DENVER State: CO Zip: 80202

5. API Number 05-095-06241-00 6. County: PHILLIPS  
7. Well Name: EINSPAHR Well Number: 944-35-14  
8. Location: QtrQtr: SWSW Section: 35 Township: 9N Range: 44W Meridian: 6  
9. Field Name: AMHERST Field Code: 2480

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING  
Treatment Date: 10/07/2010 Date of First Production this formation: 10/22/2010  
Perforations Top: 2318 Bottom: 2339 No. Holes: 78 Hole size: 6 + 1/4  
Provide a brief summary of the formation treatment: Open Hole: ☐  
Frac Niobrara with Maverick Stimulation using 28 # crosslinked gel. 50,080 #16/30 Daniels sand and 50,000 # 12/20 Daniels sand for a total of 100,080 # sand. 60 tons CO<sub>2</sub>. 542.8 BLWTR. 5 MIN- 558 PSI 10 MIN-556 PSI. 15 MIN -549 PSI . MAX RATE 13.8 AVG RATE 11.3 MAX PSI- 1058 AVG PSI 680  
This formation is commingled with another formation: ☐ Yes ☒ No  
**Test Information:**  
Date: 10/27/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 61 Bbls H<sub>2</sub>O: 0  
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 61 Bbls H<sub>2</sub>O: 0 GOR:         
Test Method: Flow Test Casing PSI: 500 Tubing PSI: 100 Choke Size:         
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 0 API Gravity Oil: 0  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 2511 Tbg setting date: 10/21/2010 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: Madeleine Lariviere

Title: Office Manager Date:        Email mlariviere@blackravenenergy.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
400158181	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)