



Document Number:

400161325

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 05-095-06162-00

6. County: PHILLIPS

7. Well Name: BRINKEMA

Well Number: 943-31-44

8. Location: QtrQtr: SESE Section: 31 Township: 9N Range: 43W Meridian: 6

9. Field Name: AMHERST Field Code: 2480

Completed Interval

[illegible]

Treatment Date:	09/15/2010	Date of First Production this formation:	09/21/2010
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Perforations	Top:	2408	Bottom:	2428	No. Holes:	90	Hole size:	6 + 1/4
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Provide a brief summary of the formation treatment: Open Hole: ☐

Frac Niobrara with Maverick Stimulation using 28 # crosslinked gel. 50,100 #16/30 Daniels sand and 50,020 # 12/20 Daniels sand for a total of 100,120 # sand. 60 tons CO2. 533 BLWTR. 5 MIN- 538 PSI 10 MIN-536 PSI. 15 MIN -535 PSI Max rate 13.8 avg rate 10.1 MAX PSI- 1052 AVG PSI 626 isip @630 psi

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date:	10/01/2010	Hours:	24	Bbls oil:	0	Mcf Gas:	88	Bbls H2O:	0
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Calculated 24 hour rate:	Bbls oil:	0	Mcf Gas:	88	Bbls H2O:	0	GOR:
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Test Method: Flow Test	Casing PSI: 500	Tubing PSI: 480	Choke Size: 8/64
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Gas Disposition:	SOLD	Gas Type:	DRY	BTU Gas:	0	API Gravity Oil:	0
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Tubing Size: 2 + 3/8 Tubing Setting Depth: 2391 Tbg setting date: 09/30/2010 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
400161330	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)