

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:

400162889

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 05-095-06163-00 6. County: PHILLIPS
7. Well Name: OLSON Well Number: 943-31-14
8. Location: QtrQtr: SWSW Section: 31 Township: 9N Range: 43W Meridian: 6
9. Field Name: AMHERST Field Code: 2480

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING
Treatment Date: 09/15/2010 Date of First Production this formation: 09/23/2010
Perforations Top: 2458 Bottom: 2476 No. Holes: 78 Hole size: 6 + 1/4
Provide a brief summary of the formation treatment: _____ Open Hole: ☐
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 10/12/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 165 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 165 Bbls H2O: 0 GOR: _____
Test Method: Flow Test Casing PSI: 350 Tubing PSI: 200 Choke Size: 15/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 0 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 2442 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
400162890	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)