



Document Number:

400164703

## 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 05-095-06294-00

6. County: PHILLIPS

7. Well Name: State

Well Number: 844-1-43

8. Location: QtrQtr: NESE Section: 1 Township: 8N Range: 44W Meridian: 6

9. Field Name: AMHERST Field Code: 2480

### Completed Interval

**FORMATION:** NIOBRARA                      **Status:** PRODUCING

Treatment Date:	03/30/2011	Date of First Production this formation:	04/13/2011
-----------------	------------	--	------------

Perforations	Top:	2440	Bottom:	2454	No. Holes:	52	Hole size:	6 + 1/4
--------------	------	------	---------	------	------------	----	------------	---------

Provide a brief summary of the formation treatment: Open Hole: ☐

Frac Niobrara with Maverick Stimulation using 28 # crosslinked gel 50,000 #16/30 Arizona sand and 50,020 # 12/20 Texas Gold sand for a total of 100,020 # sand. 60.15 tons CO<sub>2</sub>. 548 BLWTR. 5 MIN- 740 PSI 10 MIN-730 PSI 15 MIN -720 PSI . MAX RATE 13.8 AVG RATE 7.7 MAX PSI- 1214 AVG PSI 781 isip-770 psi

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

**Test Information:**

Date:	04/16/2011	Hours:	24	Bbls oil:	0	Mcf Gas:	102	Bbls H2O:	0
-------	------------	--------	----	-----------	---	----------	-----	-----------	---

Calculated 24 hour rate:	Bbbs oil:	0	Mcf Gas:	102	Bbbs H2O:	0	GOR:
--------------------------	-----------	---	----------	-----	-----------	---	------

Test Method: Flow Test	Casing PSI: 80	Tubing PSI: 0	Choke Size: 48/64
------------------------	----------------	---------------	-------------------

Gas Disposition:	SOLD	Gas Type:	DRY	BTU Gas:	0	API Gravity Oil:	0
------------------	------	-----------	-----	----------	---	------------------	---

Tubing Size: 2 + 3/8      Tubing Setting Depth: 2425      Tbg setting date: 05/09/2011      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
400164708	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)