

**FORM
5A**Rev
02/08State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400164814

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 05-095-06274-00 6. County: PHILLIPS
7. Well Name: CLAYMON Well Number: 843-6-11-L5
8. Location: QtrQtr: SWNW Section: 6 Township: 8N Range: 43W Meridian: 6
9. Field Name: AMHERST Field Code: 2480

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING
Treatment Date: 02/18/2011 Date of First Production this formation: 03/17/2011
Perforations Top: 2428 Bottom: 2444 No. Holes: 64 Hole size: 6 + 1/4
Provide a brief summary of the formation treatment: Open Hole: ☐
Frac Niobrara with Maverick Stimulation using 28 # crosslinked gel 50,040 #16/30 Daniels sand and 50,000 # 12/20 Texas Gold sand for a total of 100,040 # sand. 60.6 tons CO₂. 550 BLWTR. 5 MIN- 619 PSI 10 MIN-600 PSI. 15 MIN -590 PSI . MAX RATE 14.0 AVG RATE 8.3 MAX PSI- 1604 AVG PSI 714 isip-677 psi
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 04/01/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 70 Bbls H₂O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 70 Bbls H₂O: 0 GOR: 0
Test Method: Flow Test Casing PSI: 95 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: 2412 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 LariviereTitle: 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
400164817	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)