

**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:

400165710

**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 05-095-06299-00 6. County: PHILLIPS  
7. Well Name: Olson Well Number: 943-31-24  
8. Location: QtrQtr: SESW Section: 31 Township: 9N Range: 43W Meridian: 6  
9. Field Name: AMHERST Field Code: 2480

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING  
Treatment Date: 02/11/2011 Date of First Production this formation: 03/01/2011  
Perforations Top: 2424 Bottom: 2440 No. Holes: 64 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: 03/03/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 114 Bbls H2O: 0  
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 114 Bbls H2O: 0 GOR: \_\_\_\_\_  
Test Method: Flow Test Casing PSI: 120 Tubing PSI: 0 Choke Size: 22/64  
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 0 API Gravity Oil: 0  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 2398 Tbg setting date: 05/16/2011 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
400165716	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)