

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



DE ET OE ES

Document Number:

400169814

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
2. Name of Operator: BLACK RAVEN ENERGY INC
3. Address: 1331 17TH STREET - #350
City: DENVER State: CO Zip: 80202
4. Contact Name: Madeleine Lariviere
Phone: (303) 308-1330
Fax: (303) 308-1590

5. API Number 05-095-06287-00
6. County: PHILLIPS
7. Well Name: FLATLAND Well Number: 844-11-22
8. Location: QtrQtr: SENW Section: 11 Township: 8N Range: 44W Meridian: 6
9. Field Name: AMHERST Field Code: 2480

Completed Interval

FORMATION: NIOBRARA Status: WAITING ON COMPLETION

Treatment Date: 04/14/2011 Date of First Production this formation:
Perforations Top: 2418 Bottom: 2428 No. Holes: 44 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 Arizona sand and 49,960 # 12/20 Texas Gold sand for a total of 100,000 # sand. 60 tons CO2. 547 BLWTR. 5 MIN- 741 PSI 10 MIN-724 PSI. 15 MIN -718 PSI . MAX RATE 13.6 AVG RATE 9.6 MAX PSI- 1212 AVG PSI 805 isip-828 psi

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

Test Information:

Date: Hours: Bbls oil: Mcf Gas: Bbls H2O:
Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR:
Test Method: N/A Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: SOLD Gas Type: DRY BTU Gas: API Gravity Oil:
Tubing Size: 2 + 3/8 Tubing Setting Depth: 2395 Tbg setting date: 06/03/2011 Packer Depth:

Reason for Non-Production:

Waiting on pipeline

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
400171822	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)