

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:

400166525

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 05-095-06237-00 6. County: PHILLIPS
7. Well Name: ROLL Well Number: 843-18-23
8. Location: QtrQtr: NESW Section: 18 Township: 8N Range: 43W Meridian: 6
9. Field Name: AMHERST Field Code: 2480

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 04/07/2011 Date of First Production this formation: 04/21/2011
Perforations Top: 2406 Bottom: 2422 No. Holes: 60 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 50,020 # 12/20 Texas Gold sand for a total of 100,060 # sand. 60.11 tons CO₂. 546 BLWTR. 5 MIN- 599 PSI 10 MIN-593 PSI. 15 MIN -588 PSI . MAX RATE 13.7 AVG RATE 8.1 MAX PSI- 1026 AVG PSI 732 isip-636 psi

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

Test Information:

Date: 04/22/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 162 Bbls H₂O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 162 Bbls H₂O: 0 GOR:
Test Method: Flow Test Casing PSI: 320 Tubing PSI: 0 Choke Size: 17/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 0 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 2392 Tbg setting date: 05/23/2011 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
400176545	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)