

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:

400166537

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	05-095-06206-00		6. County:	PHILLIPS	
7. Well Name:	STR		Well Number:	844-1-31-L2	
8. Location:	QtrQtr: NWNE	Section: 1	Township:	8N	Range: 44W Meridian: 6
9. Field Name:	AMHERST		Field Code:	2480	

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date:	<u>02/12/2011</u>	Date of First Production this formation:	<u>03/02/2011</u>
Perforations	Top: 2440	Bottom: 2456	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 Arizona sand and 50,060 # 12/20 Texas Gold sand for a total of 100,100 # sand. 60 tons CO2. 540 BLWTR. 5 MIN- 603 PSI 10 MIN-592 PSI. 15 MIN -591 PSI . MAX RATE 13.7 AVG RATE 7.4 MAX PSI- 1092 AVG PSI 716 isip-650 psi

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

Test Information:

Date:	03/08/2011	Hours:	24	Bbls oil:	0	Mcf Gas:	83	Bbls H2O:	0		
Calculated 24 hour rate:				Bbls oil:	0	Mcf Gas:	83	Bbls H2O:	0	GOR:	
Test Method: Flow Test				Casing PSI:	75	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: 2326		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
400176541	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)