

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:

400220472

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: DAVID KUNOVIC
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 05-095-06310-00	6. County: PHILLIPS
7. Well Name: Roll SWD	Well Number: 843-18-21
8. Location: QtrQtr: NENW Section: 18 Township: 8N Range: 43W Meridian: 6	
9. Field Name: AMHERST	Field Code: 2480

### Completed Interval

FORMATION: <u>DAKOTA-JSND</u>		Status: <u>INJECTING</u>		
Treatment Date: <u>08/10/2011</u>		Date of First Production this formation: <u>08/10/2011</u>		
Perforations	Top: <u>3360</u>	Bottom: <u>3438</u>	No. Holes: <u>210</u>	Hole size: <u>7 + 7/8</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
J Sand injection zone perfed from 3360-3366 6 spf, 3400-3418 6 spf, 3427-3438 6 spf. Swabbed tested - retrieved water sample for injections permit. Swab tested 8/11/11.				
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Test Information:</b>				
Date: <u>08/10/2011</u>	Hours: <u>5</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>0</u>	Bbls H2O: <u>278</u>
Calculated 24 hour rate:		Bbls oil: <u>          </u>	Mcf Gas: <u>          </u>	Bbls H2O: <u>1334</u> GOR: <u>0</u>
Test Method: <u>Swab tubing</u>		Casing PSI: <u>0</u>	Tubing PSI: <u>0</u>	Choke Size: <u>          </u>
Gas Disposition: <u>                                </u>		Gas Type: <u>                                </u>	BTU Gas: <u>0</u>	API Gravity Oil: <u>0</u>
Tubing Size: <u>2 + 7/8</u>	Tubing Setting Depth: <u>3308</u>	Tbg setting date: <u>09/12/2011</u>	Packer Depth: <u>3308</u>	
Reason for Non-Production:				
<div></div>				
Date formation Abandoned: <u>                                </u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u>                                </u>	
Bridge Plug Depth: <u>                                </u>		Sacks cement on top: <u>                                </u>		

FORMATION: <u>DAKOTA</u>		Status: <u>INJECTING</u>	
Treatment Date: <u>08/08/2011</u>		Date of First Production this formation: <u>08/08/2011</u>	
Perforations	Top: <u>3572</u>	Bottom: <u>3822</u>	No. Holes: <u>276</u>
		Hole size: <u>7 + 7/8</u>	
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
Dakota injection zone perfed from 3572-3580 6 spf, 3750-3770 6 spf, 3784-3794 6 spf, 3814-3822 6 spf. Swab tested - retrieved water sample for injection permit. Swab tested 8/8/11. (Note: set bridge plug at 3508 after swabbing Dakota to isolate J Sand perfs for swab test)			
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Test Information:</b>			
Date: <u>08/08/2011</u>	Hours: <u>6</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>0</u>
		Bbls H2O: <u>184</u>	
Calculated 24 hour rate:		Bbls oil: <u>          </u>	Mcf Gas: <u>          </u>
		Bbls H2O: <u>736</u>	GOR: <u>0</u>
Test Method: <u>Swab tubing</u>	Casing PSI: <u>0</u>	Tubing PSI: <u>0</u>	Choke Size: <u>          </u>
Gas Disposition: <u>                          </u>	Gas Type: <u>                          </u>	BTU Gas: <u>0</u>	API Gravity Oil: <u>0</u>
Tubing Size: <u>2 + 7/8</u>	Tubing Setting Depth: <u>3308</u>	Tbg setting date: <u>09/12/2011</u>	Packer Depth: <u>3308</u>
Reason for Non-Production:			
<div style="border: 1px solid black; height: 20px;"></div>			
Date formation Abandoned: <u>                          </u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u>                          </u>
Bridge Plug Depth: <u>                          </u>		Sacks cement on top: <u>                          </u>	

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: DAVID KUNOVIC

Title: VP EXPLORATION

Date:

Email dkunovic@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
400220484	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments****User Group****Comment****Comment Date**

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Total: 0 comment(s)