

FORM
5A

Rev
06/12

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

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Date Received:

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: Scott Ritger
Phone: (303) 887-9266
Fax: (303) 308-1590

5. API Number 05-087-05412-00
6. County: MORGAN
7. Well Name: AJU Glenn
Well Number: F-2
8. Location: QtrQtr: SESE Section: 6 Township: 1N Range: 57W Meridian: 6
9. Field Name: ADENA Field Code: 700

Completed Interval

FORMATION: D SAND Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/15/2011 End Date: 12/15/2011 Date of First Production this formation: 04/01/2012

Perforations Top: 5511 Bottom: 5521 No. Holes: 60 Hole size: 42/100

Provide a brief summary of the formation treatment: Open Hole: ☐

Acidized with 7 bbls 15% HCl then fracture stimulated with 447 bbls cross-linked gel, 10,300# of 20/40 sand and 3000# of 16/30 Interprop.

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

Total fluid used in treatment (bbl): 454 Max pressure during treatment (psi): 5423

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment: Min frac gradient (psi/ft):

Total acid used in treatment (bbl): 7 Number of staged intervals:

Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 454

Fresh water used in treatment (bbl): 447 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 13300 Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: PRESSURE

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 12/30/2011 Hours: 8 Bbl oil: 14 Mcf Gas: 30 Bbl H2O: 18

Calculated 24 hour rate: Bbl oil: 42 Mcf Gas: 90 Bbl H2O: 54 GOR: 2140

Test Method: swabbing Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: VENTED Gas Type: DRY Btu Gas: 1100 API Gravity Oil: 42

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5518 Tbg setting date: 01/09/2012 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: ** Wireline and Cement Job Summary must be attached.

FORMATION: J SAND Status: ABANDONED WELLBORE/COMPLETION Treatment Type: _____
Treatment Date: _____ End Date: _____ Date of First Production this formation: _____
Perforations Top: 5570 Bottom: 5577 No. Holes: 42 Hole size: 42/100
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Set CIBP at 5580' to partially isolate existing perforations (5566 to 5594'). Perforated J sand from 5570 to 5577; swabbed water with no oil. Set 2nd CIBP and 2 sacks cement to abandon J sand and move uphole to recomplete D sand.

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

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____
Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____
Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____
Total acid used in treatment (bbl): _____ Number of staged intervals: _____
Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____
Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____
Calculated 24 hour rate: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____
Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: Excessive water production.

Date formation Abandoned: 11/28/2011 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

** Bridge Plug Depth: 5551 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

Comment:

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

Signed: _____ Print Name: Scott Ritger
Title: Geologist Date: _____ Email: sritger@ticdenver.com

Attachment Check List

Att Doc Num	Name
400371079	WIRELINE JOB SUMMARY
400371081	CEMENT JOB SUMMARY
400371082	WELLBORE DIAGRAM

Total Attach: 3 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)