

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:

400472179

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: Madeleine Lariviere

Phone: (303) 308-1330

Fax: (303) 308-1590

5. API Number 05-095-06236-00

7. Well Name: BRINKEMA

8. Location: QtrQtr: SWNW Section: 4 Township: 8N Range: 43W Meridian: 6

9. Field Name: AMHERST Field Code: 2480

6. County: PHILLIPS

Well Number: 843-4-12-L12

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/17/2011 End Date: 11/17/2011 Date of First Production this formation: 09/04/2012

Perforations Top: 2400 Bottom: 2428 No. Holes: 168 Hole size: 6 + 1/4

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

Hold safety & pre job meetings.
Breakdown @ 1113 psi.
Total 50,040# 16/30 Daniels sand.
Total 50,000# 12/20 Daniels sand.
60.04 tons CO₂
ISIP 740 5 min. 676 psi, 10 min. 660 psi, 15 min. 656 psi.
Max rate 13.7 bpm, Avg rate 7.8 bpm
Max psi 1114, Avg psi 706
547 bbls wtr to recover.

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: 09/16/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 34 Bbl H₂O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 34 Bbl H₂O: 0 GOR: 0

Test Method: Flow Test Casing PSI: 50 Tubing PSI: 0 Choke Size: 48/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 966 API Gravity Oil: 0

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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.

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

Attachment Check List

Att Doc Num	Name
400472206	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)