

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:

400472263

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	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 05-095-06280-00	6. County: PHILLIPS
7. Well Name: CLAYMON	Well Number: 843-6-44
8. Location: QtrQtr: SESE Section: 6 Township: 8N Range: 43W Meridian: 6	
9. Field Name: AMHERST	Field Code: 2480

### Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 01/18/2012 End Date: 01/18/2012 Date of First Production this formation: 02/07/2012

Perforations Top: 2430 Bottom: 2450 No. Holes: 120 Hole size: 6 + 1/4

Provide a brief summary of the formation treatment:

Open Hole: ☐

SAFETY MEETING  
50,020# 16/30 DANIELS  
50,000# 12/20 TEXAS GOLD  
60.07 CO2  
BREAKDOWN =1020 PSI  
ISIP =662 PSI / 5 MIN =648 PSI  
10 MIN =640 PSI / 15 MIN =635 PSI

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: 02/14/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 47 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 47 Bbl H2O: 0 GOR: 0

Test Method: Flow Test Casing PSI: 80 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
400472272	WELLBORE DIAGRAM
400472273	CEMENT JOB SUMMARY

Total Attach: 2 Files

## General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)