

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: Madeleine Lariviere

Phone: (303) 308-1330

Fax: (303) 308-1590

5. API Number 05-115-06104-00

7. Well Name: FULSCHER STATE

8. Location: QtrQtr: SESE Section: 16 Township: 9N Range: 43W Meridian: 6

9. Field Name: AMHERST Field Code: 2480

6. County: SEDGWICK

Well Number: 943-16-44

### Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 02/22/2012 End Date: 02/22/2012 Date of First Production this formation: 04/04/2012

Perforations Top: 2380 Bottom: 2408 No. Holes: 168 Hole size: 6 + 1/4

Provide a brief summary of the formation treatment:

Open Hole: ☐

Safety meeting.  
Break down @ 1,122 psi.  
Total 50,000# 16/30 Texas Gold sand.  
Total 50,220# 12/20 Texas Gold sand.  
60.18 Tons CO<sub>2</sub>.  
ST ISIP 680 psi, 5 min 613 psi, 10 min 605 psi, 15 min 596 psi.  
Max Rate 14.2 bpm, Avg Rate 11.5 bpm.  
Max Pressure 1,447 psi, Avg Pressure 666 psi.  
551 bbl of water 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: 04/17/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 24 Bbl H<sub>2</sub>O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 24 Bbl H<sub>2</sub>O: 0 GOR: 0

Test Method: Flow Test Casing PSI: 90 Tubing PSI: 0 Choke Size: 48/64

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 2434 Tbg setting date: 07/12/2012 Packer Depth: 0

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

\_\_\_\_\_

Total Attach: 0 Files

## General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)