

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 05-095-06390-00

7. Well Name: Sagehorn

8. Location: QtrQtr: LOT 8 Section: 3 Township: 8N Range: 44W Meridian: 6

9. Field Name: AMHERST Field Code: 2480

6. County: PHILLIPS

Well Number: 844-3-41-L8

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 02/01/2012 End Date: 02/01/2012 Date of First Production this formation: 03/01/2012

Perforations Top: 2478 Bottom: 2494 No. Holes: 96 Hole size: 6 + 1/4

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

SAFETY MEETING
50,000# 16/30 DANIELS
50,000# 12/20 TEXAS GOLD
60.50 CO2
BREAKDOWN = 1169 PSI
ISIP = 650 PSI / 5 MIN = 620 PSI
10 MIN = 614 PSI / 15 MIN = 607 PSI
551 BBLS 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: 12 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 12 Bbl H2O: 0 GOR: 0
Test Method: Flow Test Casing PSI: 60 Tubing PSI: 0 Choke Size: _____
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**

Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)