

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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**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 05-095-06427-00  
6. County: PHILLIPS  
7. Well Name: STONER  
Well Number: 843-4-43  
8. Location: QtrQtr: NESE Section: 4 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: 03/29/2012 End Date: 03/29/2012 Date of First Production this formation: 09/06/2012  
Perforations Top: 2406 Bottom: 2422 No. Holes: 96 Hole size: 6 + 1/4

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

Safety meeting.  
Break down @ 1,106 psi.  
Total 50,040# 16/30 Daniels sand.  
Total 50,000# 12/20 Texas Gold sand.  
Frac Total 100,020# sand, 60.10 Tons CO<sub>2</sub>.  
ST ISIP 690 psi, 5 min 625 psi, 10 min 615 psi, 15 min 605 psi.  
Max Rate 13.9 bpm, Avg Rate 10.9 bpm.  
Max Pressure 1,080 psi, Avg Pressure 683 psi.  
553 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: 09/23/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 117 Bbl H<sub>2</sub>O: 0  
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 117 Bbl H<sub>2</sub>O: 0 GOR: 0  
Test Method: Flow Test Casing PSI: 70 Tubing PSI: 0 Choke Size: 0  
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

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)