

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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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 05-095-06242-00  
6. County: PHILLIPS  
7. Well Name: EINSPAHR Well Number: 843-15-24  
8. Location: QtrQtr: SESW Section: 15 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: 12/07/2011 End Date: 12/07/2011 Date of First Production this formation: 01/26/2012  
Perforations Top: 2380 Bottom: 2402 No. Holes: 132 Hole size: 40/100

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

Safety Meeting.  
Breakdown @ 1,095 psi.  
Total 49,380# 16/30 Texas Gold Sand.  
Total 50,720# 12/20 Texas Gold Sand.  
Frac Total 100,100# Texas Gold Sand, 60.24 tons CO<sub>2</sub>.  
ISIP 588 psi, 5 min 578 psi, 10 min 571 psi, 15 min 564 psi.  
Max Rate 13.7 bpm, Avg rate 7.6 bpm.  
Max Pressure 1,096 psi, Avg Pressure 615 psi.  
547 bbl wtr to recover.

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): \_\_\_\_\_ Max pressure during treatment (psi): 1096  
Total gas used in treatment (mcf): 1035 Fluid density at initial fracture (lbs/gal): \_\_\_\_\_  
Type of gas used in treatment: CARBON DIOXIDE Min frac gradient (psi/ft): \_\_\_\_\_  
Total acid used in treatment (bbl): \_\_\_\_\_ Number of staged intervals: 1  
Recycled water used in treatment (bbl): 547 Flowback volume recovered (bbl): \_\_\_\_\_  
Fresh water used in treatment (bbl): \_\_\_\_\_ Disposition method for flowback: DISPOSAL  
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: 45 Bbl H<sub>2</sub>O: 0  
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 45 Bbl H<sub>2</sub>O: 0 GOR: \_\_\_\_\_  
Test Method: Flow Test Casing PSI: 100 Tubing PSI: \_\_\_\_\_ 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: 2390 Tbg setting date: 05/08/2012 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: David Kunovic  
Title: VP Exploration 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)