

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:

400509680

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: David Kunovic

Phone: (303) 308-1330

Fax: (303) 308-1590

Email: dkunovic@enerjexresources.com

5. API Number 05-087-05396-00

7. Well Name: HOUGH, R M

8. Location: QtrQtr: NENW Section: 7 Township: 1N Range: 57W Meridian: 6

9. Field Name: ADENA Field Code: 700

6. County: MORGAN

Well Number: B-2

Completed Interval

FORMATION: D SAND Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/05/2013 End Date: 11/05/2013 Date of First Production this formation: 11/18/2013

Perforations Top: 5517 Bottom: 5531 No. Holes: 56 Hole size: 21/50

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

FRAC WITH ;
17080 LBS 20/40 OTTOWA
3,260 LBS 18/40 VERSAPROP
20,366 FOAM GEL, 487.7 BBLS FLUID
MAX FLUID RATE 13.9 BBLS/MINUTE
AVE. FLUID RATE 11.8 BBL/MINUTE
MAX Psi - 3948
Ave Psi - 2808
ISIP= 2550 PSI
5 MIN = 2485 PSI
10 MIN= 2420 PSI
15 MIN = 2210 PSI

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 487 Max pressure during treatment (psi): 3948
Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.67
Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.72
Total acid used in treatment (bbl): _____ Number of staged intervals: 1
Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 400
Fresh water used in treatment (bbl): 487 Disposition method for flowback: RECYCLE
Total proppant used (lbs): 20340 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 11/09/2013 Hours: 24 Bbl oil: 9 Mcf Gas: 1 Bbl H2O: 74
Calculated 24 hour rate: Bbl oil: 9 Mcf Gas: 1 Bbl H2O: 74 GOR: 0
Test Method: Swabbing Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1200 API Gravity Oil: 40
Tubing Size: 2 + 7/8 Tubing Setting Depth: 5553 Tbg setting date: 11/12/2013 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:

This well was a shut in J sand oil well in the Adena J Sand Unit. The previous operator set a CIBP at 5566 ft. (12 ft above the J sand perfs) and perforated the D Sand. No Forms or sundry notices were filed with the COGCC. The previous operator swabbed a low volume show of oil and water and then the well was shut in. Black Raven's recompletion - run tubing and packer set at 5491 ft. and ran COGCC witnessed MIT on 11/1/13. The D Sand perfs were fraced and the well was placed on rod pump. Date of first production was 11/18/13. The well was produced into the existing Hough tank battery. No new production equipment was set at the well site except the pump jack. There has not been any surface disturbance beyond the originally completed well site. No drilling and no pits.

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: dkunovic@enerjexresources.com

Attachment Check List

Att Doc Num

Name

400594110

WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

Total: 0 comment(s)