

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:

04/24/2014

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: <u>D SAND</u>		Status: <u>PRODUCING</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>11/05/2013</u>		End Date: <u>11/05/2013</u>		Date of First Production this formation: <u>11/18/2013</u>	
Perforations	Top: <u>5517</u>	Bottom: <u>5531</u>	No. Holes: <u>56</u>	Hole size: <u>21/50</u>	

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

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

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

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

FORMATION: J SAND Status: ABANDONED WELLBORE/COMPLETION Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: 02/24/1954

Perforations Top: 5590 Bottom: 5606 No. Holes: 96 Hole size: 0

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

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: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: Non-commercial.

Date formation Abandoned: 10/11/1996 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

** Bridge Plug Depth: 5566 ** Sacks cement on top: 2 ** 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: 4/24/2014 Email: dkunovic@enerjexresources.com

Attachment Check List

Att Doc Num	Name
2157672	CEMENT JOB SUMMARY
400509680	FORM 5A SUBMITTED
400594110	WELLBORE DIAGRAM

Total Attach: 3 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Oper. submitted req'd info.	5/5/2014 10:49:51 AM
Permit	Req'd missing info to complete J Sand panel.	5/5/2014 7:39:47 AM

Total: 2 comment(s)