

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:

400747303

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: 165 S UNION BLVD SUITE 410

City: LAKEWOOD

State: CO

Zip: 80228

4. Contact Name: Jan Warusavitharana

Phone: (303) 308-1330

Fax: (303) 308-1590

Email: jwar@enerjexresources.com

5. API Number 05-087-05341-00

7. Well Name: STATE OF COLORADO

6. County: MORGAN

Well Number: C-1

8. Location: QtrQtr: SWSE

Section: 7

Township: 1N

Range: 57W

Meridian: 6

9. Field Name: ADENA

Field Code: 700

Completed Interval

FORMATION: J SAND

Status: PRODUCING

Treatment Type: ACID JOB

Treatment Date: 10/24/2014

End Date: 10/27/2014

Date of First Production this formation: 10/29/2014

Perforations

Top: 5550

Bottom: 5560

No. Holes: 60

Hole size: _____

Provide a brief summary of the formation treatment:

Open Hole: ☐

The well was reperfed (5550 to 5560). Well was acidized with 1000 gal of 7 1/2 % HCL and 1000 gal of 10% Acetic Acid and 20-7/8 SOLU-BALLS with additives. Pump 48 Bbls acid and balls. Flushed with 22 Bbls fresh water with additives and Bio-1

This formation is commingled with another formation:

☐ Yes ☒ No

Total fluid used in treatment (bbl): _____

Max pressure during treatment (psi): 4668

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: _____

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 reactivated as a J-sand producer on 4/1/2012, but the well never produced at commercial rates because the rod pump set up would not move enough fluid. The well was shut-in. 2 years later on 4/10/2014, Black Raven installed a submersible pump. On 10/24/2014 BRE acidized the well 1000 gal 10% Acetic and 1000 gal 7 1/2% HCL. The well is now reactivated and producing from the J-Sand.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Jan Warusavitharana
Title: Geological Technician Date: _____ Email jwar@enerjexresources.com
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Attachment Check List

Att Doc Num **Name**

400747504	WELLBORE DIAGRAM
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Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)