

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400968756

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: Broc Lueth
Phone: (970) 5207396
Fax: (970) 8546465
Email: blueth@enerjexresources.com

5. API Number 05-115-06097-00
6. County: SEDGWICK
7. Well Name: POWELL-ROTEN
Well Number: 946-2-14
8. Location: QtrQtr: SWSW Section: 2 Township: 9N Range: 46W Meridian: 6
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: NIOBRARA Status: TEMPORARILY ABANDONED Treatment Type:
Treatment Date: End Date: Date of First Production this formation:
Perforations Top: 2836 Bottom: 2862 No. Holes: 156 Hole size: 42/100
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: No gathering system is in place yet.
Date formation Abandoned: 01/08/2016 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt
** Bridge Plug Depth: 2768 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

Comment:

Notification that a CIBP was set.

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

Signed: _____ Print Name: Broc Lueth

Title: Field Foreman Date: _____ Email: blueth@enerjexresources.com
:

Attachment Check List

Att Doc Num **Name**

400970758	WIRELINE JOB SUMMARY
400970760	WIRELINE JOB SUMMARY

Total Attach: 2 Files

General Comments

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

--	--	--

Total: 0 comment(s)