

FORM  
5A

Rev  
02/08

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400162729

**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 4. Contact Name: Madeleine Lariviere  
2. Name of Operator: BLACK RAVEN ENERGY INC Phone: (303) 308-1330  
3. Address: 1331 17TH STREET - #350 Fax: (303) 308-1590  
City: DENVER State: CO Zip: 80202

5. API Number 05-095-06170-00 6. County: PHILLIPS  
7. Well Name: OLSON Well Number: 943-27-21  
8. Location: QtrQtr: NENW Section: 27 Township: 9N Range: 43W Meridian: 6  
9. Field Name: AMHERST Field Code: 2480

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING  
Treatment Date: 01/11/2011 Date of First Production this formation: 01/21/2011  
Perforations Top: 2374 Bottom: 2388 No. Holes: 56 Hole size: 6 + 1/4  
Provide a brief summary of the formation treatment: Open Hole: ☐  
Frac Niobrara with Maverick Stimulation using 28 # crosslinked gel 50,160 #16/30 Arizona sand and 50,020 # 12/20 Texas Gold sand for a total of 100,180 # sand. 60 tons CO<sub>2</sub>. 546 BLWTR. 5 MIN- 779 PSI 10 MIN-723 PSI. 15 MIN -697 PSI . MAX RATE 14.7 AVG RATE 7.1 MAX PSI- 1260 AVG PSI 840 isip-893 psi  
This formation is commingled with another formation: ☐ Yes ☒ No  
**Test Information:**  
Date: 02/05/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 40 Bbls H<sub>2</sub>O: 0  
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 40 Bbls H<sub>2</sub>O: 0 GOR:           
Test Method: Flow Test Casing PSI: 60 Tubing PSI: 0 Choke Size: 48/64  
Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas:          API Gravity Oil:           
Tubing Size: 2 + 3/8 Tubing Setting Depth: 2363 Tbg setting date: 03/17/2011 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:         

Comment:

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

Signed:          Print Name: Madeleine Lariviere

Title: Office Manager Date:          Email mlariviere@blackravenenergy.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

**Attachment Check List**

Att Doc Num	Name
400162732	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)