

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:

400170320

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: Madeleine Lariviere
Phone: (303) 308-1330
Fax: (303) 308-1590

5. API Number 05-115-06093-00
6. County: SEDGWICK
7. Well Name: Fulscher
Well Number: 943-15-14
8. Location: QtrQtr: SWSW Section: 15 Township: 9N Range: 43W Meridian: 6
9. Field Name: AMHERST Field Code: 2480

Completed Interval

FORMATION: NIOBRARA Status: WAITING ON COMPLETION
Treatment Date: 02/09/2011 Date of First Production this formation:
Perforations Top: 2394 Bottom: 2410 No. Holes: 64 Hole size: 6 + 1/4
Provide a brief summary of the formation treatment: Open Hole: ☐
Frac Niobrara with Maverick Stimulation using 28 # crosslinked gel 50,040 #16/30 Arizona sand and 49,980 # 12/20 Texas Gold sand for a total of 100,020 # sand. 60.6 tons CO₂. 546 BLWTR. 5 MIN- 665 PSI 10 MIN-631 PSI. 15 MIN -602 PSI . MAX RATE 13.8 AVG RATE 9.3

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

Test Information:

Date: Hours: Bbls oil: Mcf Gas: Bbls H₂O:
Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H₂O: GOR:
Test Method: N/A Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: SOLD Gas Type: DRY BTU Gas: API Gravity Oil:
Tubing Size: 2 + 3/8 Tubing Setting Depth: 2299 Tbg setting date: 06/09/2011 Packer Depth:
Reason for Non-Production:
Waiting on pipeline
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
400173940	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)