

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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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: Billy Hatawat

Phone: (303) 308-1330

Fax: (303) 308-1590

5. API Number 05-087-05378-00

7. Well Name: HOUGH, R.M.

8. Location: QtrQtr: SENW Section: 7 Township: 1N Range: 57W Meridian: 6

9. Field Name: ADENA Field Code: 700

6. County: MORGAN

Well Number: A-2

### Completed Interval

FORMATION: <u>D SAND</u>		Status: <u>PRODUCING</u>	Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>05/28/2013</u>	End Date: <u>05/28/2013</u>	Date of First Production this formation: _____		
Perforations Top: <u>5512</u>	Bottom: <u>5524</u>	No. Holes: <u>40</u>	Hole size: <u>041/100</u>	
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<div style="border: 1px solid black; padding: 5px;">Move in rig up Basic Energy services to frac d-sand from 5512 to 5524 with cross linked gelled water Safety meeting prime up and pressure test to 6000 psi Load 2 7/8 X 5 1/2 csg with 30 brls 2 % kcl water vented annulus to the swab tank during the frac. Pkr held solid Pumped 17,020 # 20/40 ottowa sand and 3,400 # interprop 18/40 sand Break down at 3050 ISIP @ 2025, 5-MIN @ 1271, 10-MIN @ 304, 12-MIN ON VAC MAX INJ RATE @ 12.2, AVG INJ RATE @ 11.6, MAX PSI @ 3583, AVG INJ RATE @ 2729 466 BRLS OF LOAD WATER TO RECOVER LEFT WELL SHUT IN OVER NIGHT PREPARE TO SWAB WELL BACK IN THE AM</div>				
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Total fluid used in treatment (bbl): <u>466</u>	Max pressure during treatment (psi): <u>3583</u>			
Total gas used in treatment (mcf): <u>0</u>	Fluid density at initial fracture (lbs/gal): _____			
Type of gas used in treatment: _____	Min frac gradient (psi/ft): _____			
Total acid used in treatment (bbl): <u>0</u>	Number of staged intervals: <u>1</u>			
Recycled water used in treatment (bbl): <u>0</u>	Flowback volume recovered (bbl): <u>466</u>			
Fresh water used in treatment (bbl): <u>466</u>	Disposition method for flowback: <u>RECYCLE</u>			
Total proppant used (lbs): <u>20420</u>	Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>			
Reason why green completion not utilized: _____				
<b>Fracture stimulations must be reported on FracFocus.org</b>				
<b>Test Information:</b>				
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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>				
Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____		
** Bridge Plug Depth: _____	** Sacks cement on top: _____	** Wireline and Cement Job Summary must be attached.		
Comment: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>				
I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.				
Signed: _____		Print Name: <u>Madeleine Lariviere</u>		
Title: <u>Office Manager</u>	Date: _____	Email: <u>mlariviere@blackravenenergy.com</u>	:	

## Attachment Check List

Att Doc Num      Name

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Total Attach: 0 Files

## General Comments

User Group      Comment      Comment Date

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Total: 0 comment(s)