

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:
400469775

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: 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
6. County: MORGAN
7. Well Name: HOUGH, R.M.
Well Number: A-2
8. Location: QtrQtr: SENW Section: 7 Township: 1N Range: 57W Meridian: 6
9. Field Name: ADENA Field Code: 700

Completed Interval

FORMATION: D SAND Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/28/2013 End Date: 05/28/2013 Date of First Production this formation: _____

Perforations Top: 5512 Bottom: 5524 No. Holes: 40 Hole size: 041/100

Provide a brief summary of the formation treatment: Open Hole:

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

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 466 Max pressure during treatment (psi): 3583

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____

Total acid used in treatment (bbl): 0 Number of staged intervals: 1

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 466

Fresh water used in treatment (bbl): 466 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 20420 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: _____

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

Attachment Check List

Att Doc Num **Name**

--	--

Total Attach: 0 Files

General Comments

User Group **Comment**

Comment Date

--	--	--

Total: 0 comment(s)