

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

5. API Number 05-095-06331-00  
6. County: PHILLIPS  
7. Well Name: SCHLACHTER  
Well Number: 843-31-14  
8. Location: QtrQtr: Lot 4 Section: 31 Township: 8N Range: 43W Meridian: 6  
9. Field Name: AMHERST Field Code: 2480

### Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION  
Treatment Date: 11/01/2011 End Date: 11/01/2011 Date of First Production this formation: 12/20/2011  
Perforations Top: 2386 Bottom: 2414 No. Holes: 168 Hole size: 6 + 1/4

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

SAFETY MEETING  
50,080# 16/30 TEXAS GOLD  
50,040# 12/20 TEXAS GOLD  
60.43 TON CO2  
BREAKDOWN = 898 PSI  
ISIP = 641 PSI/5 MIN = 595 PSI  
10 MIN = 586 PSI/15 MIN = 583 PSI  
563 BBLS TO RECOVER

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: 12/27/2011 Hours: 24 Bbl oil: 0 Mcf Gas: 161 Bbl H2O: 0  
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 161 Bbl H2O: 0 GOR: 0  
Test Method: Flow Test Casing PSI: 140 Tubing PSI: 0 Choke Size: 24/64  
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 966 API Gravity Oil: 0  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 2454 Tbg setting date: 04/13/2012 Packer Depth: 0

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

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

Total: 0 comment(s)