

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 04/18/2012 End Date: 04/18/2012 Date of First Production this formation: 05/07/2012

Perforations Top: 2425 Bottom: 2442 No. Holes: 102 Hole size: 42/100

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

Safety Meeting
Breakdown at 981 PSI
50,020 # 16/30 Daniels Sand
49,980 # 12/20 Texas Gold Sand
60.09 Tons of CO2
ISIP 536 PSI
5 Min 512 10 min 496 15 min 486 PSI
Max Rate 13.85 bpm Avg rate 9.2 bpm
Max Avg pressure 982 PSI Avg Pressure 571
549 bbls to recover.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 549 Max pressure during treatment (psi): 982

Total gas used in treatment (mcf): 1032 Fluid density at initial fracture (lbs/gal): _____

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

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

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

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

Total proppant used (lbs): 100000 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: PIPELINE

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 05/22/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 21 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 21 Bbl H2O: 0 GOR: _____

Test Method: FLOW Casing PSI: 80 Tubing PSI: _____ Choke Size: _____

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 966 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 2466 Tbg setting date: 07/03/2012 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: WILLIAM F HAYWORTH

Title: PRESIDENT Date: 7/19/2012 Email BHAYWORTH@BLACKRAVENENERGY.COM

:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
2233387	FORM 5A SUBMITTED
2233388	OTHER

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Fracture stimulation must be reported to Frac Focus within 60 days of treatment.	10/2/2013 7:48:32 AM

Total: 1 comment(s)