

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:  
400371087  
Date Received:  
01/21/2013

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: Scott Ritger  
 Phone: (303) 887-9266  
 Fax: (303) 308-1590  
 Email: sritger@ticdenver.com

5. API Number 05-087-05341-00  
 6. County: MORGAN  
 7. Well Name: STATE OF COLORADO  
 Well Number: C-1  
 8. Location: QtrQtr: SWSE Section: 7 Township: 1N Range: 57W Meridian: 6  
 9. Field Name: ADENA Field Code: 700

Completed Interval

FORMATION: J SAND Status: PRODUCING Treatment Type: \_\_\_\_\_  
 Treatment Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Date of First Production this formation: 04/01/2012  
 Perforations Top: 5548 Bottom: 5558 No. Holes: 60 Hole size: 42/100

Provide a brief summary of the formation treatment:

Open Hole:

Set a CIBP at 5571' over the existing perforations (5575-5585'). Perforate J sand from 5548 to 5558'. Swab test and put on production. Wireline report for CIBP setting is attached.

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: 01/31/2012 Hours: 9 Bbl oil: 8 Mcf Gas: 0 Bbl H2O: 64  
 Calculated 24 hour rate: Bbl oil: 21 Mcf Gas: 0 Bbl H2O: 171 GOR: 0  
 Test Method: Swabbing Casing PSI: \_\_\_\_\_ Tubing PSI: \_\_\_\_\_ Choke Size: \_\_\_\_\_  
 Gas Disposition: \_\_\_\_\_ Gas Type: \_\_\_\_\_ Btu Gas: 0 API Gravity Oil: 42  
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 5542 Tbg setting date: 01/27/2012 Packer Depth: 5500

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: Scott Ritger

Title: Geologist Date: 1/21/2013 Email: sritger@ticdenver.com  
:

### Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400371087	FORM 5A SUBMITTED
400371088	WIRELINE JOB SUMMARY
400371089	WELLBORE DIAGRAM

Total Attach: 3 Files

### General Comments

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

Total: 0 comment(s)