

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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

5. API Number 05-087-05376-00
6. County: MORGAN
7. Well Name: HOUGH, R M
Well Number: B-7
8. Location: QtrQtr: SENE 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: 03/01/2012
Perforations Top: 5532 Bottom: 5542 No. Holes: 60 Hole size: 42/100

Provide a brief summary of the formation treatment:

Open Hole: []

Set a CIBP at 5544' over the existing perforations (5547-5566). Perforated in the J sand from 5532 to 5542'. Wireline ticket for setting of CIBP is attached.

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl):
Total gas used in treatment (mcf):
Type of gas used in treatment:
Total acid used in treatment (bbl):
Recycled water used in treatment (bbl):
Fresh water used in treatment (bbl):
Total proppant used (lbs):
Max pressure during treatment (psi):
Fluid density at initial fracture (lbs/gal):
Min frac gradient (psi/ft):
Number of staged intervals:
Flowback volume recovered (bbl):
Disposition method for flowback:
Rule 805 green completion techniques were utilized: []

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 11/17/2011 Hours: 3 Bbl oil: 13 Mcf Gas: 0 Bbl H2O: 3
Calculated 24 hour rate: Bbl oil: 104 Mcf Gas: 0 Bbl H2O: 24 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: 5479 Tbg setting date: 11/15/2011 Packer Depth: 5469

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:

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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
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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400371084	FORM 5A SUBMITTED
400371085	WIRELINE JOB SUMMARY

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)