

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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Document Number:

400592624

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: David Kunovic

Phone: (303) 308-1330

Fax: (303) 308-1590

Email: dkunovic@enerjexresources.com

5. API Number 05-087-05280-00

7. Well Name: AJU JOHNSON-GLN

8. Location: QtrQtr: NWSE Section: 17 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: 02/20/2014
Perforations Top: 5501 Bottom: 5517 No. Holes: 96 Hole size: _____
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

This well had been shut-in for over 25 years. The original surface equipment was removed prior to our purchase of the field in July 2011. We recently reactivated this well as a flowing producing gas well from the original perforations. The well came on natural - no treatment was necessary. We have set a separator and water tank where the equipment was originally set - there is no new surface disturbance, no pit, no drilling. We also ran a COGCC witnessed MIT on 3/29/14.

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: 02/20/2014 Hours: 24 Bbl oil: 0 Mcf Gas: 354 Bbl H2O: 5
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 354 Bbl H2O: 5 GOR: _____
Test Method: flow to sales Casing PSI: 500 Tubing PSI: _____ Choke Size: 10/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1184 API Gravity Oil: 42
Tubing Size: 2 + 3/8 Tubing Setting Depth: 5462 Tbg setting date: 03/14/2014 Packer Depth: 5462

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: David Kunovic
Title: VP Exploration Date: _____ Email: dkunovic@enerjexresources.com
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Attachment Check List

Att Doc Num Name

400593059 WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)