

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:

400593130

Date Received:

04/21/2014

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: 165 S UNION BLVD SUITE 410
City: LAKEWOOD State: CO Zip: 80228
4. Contact Name: David Kunovic
Phone: (303) 308-1330
Fax: (303) 308-1590
Email: dkunovic@enerjexresources.com

5. API Number 05-087-05336-00
6. County: MORGAN
7. Well Name: LAUGHLIN, R J
Well Number: 2
8. Location: QtrQtr: SESW Section: 7 Township: 1N Range: 57W Meridian: 6
9. Field Name: ADENA Field Code: 700

Completed Interval

FORMATION: J SAND Status: PRODUCING Treatment Type: ACID JOB
Treatment Date: 02/14/2014 End Date: 02/14/2014 Date of First Production this formation: 03/19/1954
Perforations Top: 5574 Bottom: 5602 No. Holes: 168 Hole size: _____

Provide a brief summary of the formation treatment:

Open Hole: ☐

Acidized with 1,500 gallons 7 1/2% HCL, 500 gallons 10% Acetic. Flushed with 1382 gal water, 126 gal over flush.
Max rate 6.8 bbls, Average rate 3.6 bbls. Max Psi 2625, Average Psi 1102.

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 83 Max pressure during treatment (psi): 2625

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): 48 Number of staged intervals: _____

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

Fresh water used in treatment (bbl): 41 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: 03/13/2014 Hours: 24 Bbl oil: 10 Mcf Gas: 0 Bbl H2O: 990
Calculated 24 hour rate: Bbl oil: 10 Mcf Gas: 0 Bbl H2O: 990 GOR: _____
Test Method: produce to sale Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: _____ Gas Type: WET Btu Gas: 1184 API Gravity Oil: 42
Tubing Size: 2 + 7/8 Tubing Setting Depth: 5542 Tbg setting date: 01/15/2014 Packer Depth: 5542

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:

Reactivated this SI oil well as an oil producer in the Adena J Sand Unit. We reperforated the original perf interval, ran 2 7/8" tubing and packer set at 5542 ft. (36 ft. above perfs), acidized the well, ran a submersible pump and placed the well on production producing approximately 990 BW, 10 BO/ day.
We also ran a COGCC witnessed MIT on 1/16/2014.

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: 4/21/2014 Email : dkunovic@enerjexresources.com

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400593130	FORM 5A SUBMITTED
400593285	WELLBORE DIAGRAM
400593319	OTHER

Total Attach: 3 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Corrected date of first prod.	11/24/2014 7:46:45 AM

Total: 1 comment(s)