

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:

400747303

Date Received:

12/08/2014

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: Jan Warusavitharana

Phone: (303) 308-1330

Fax: (303) 308-1590

Email: jwar@enerjexresources.com

5. API Number 05-087-05341-00

7. Well Name: STATE OF COLORADO

8. Location: QtrQtr: SWSE Section: 7 Township: 1N Range: 57W Meridian: 6

9. Field Name: ADENA Field Code: 700

6. County: MORGAN

Well Number: C-1

### Completed Interval

FORMATION: J SAND

Status: PRODUCING

Treatment Type: ACID JOB

Treatment Date: 10/24/2014

End Date: 10/27/2014

Date of First Production this formation: 04/01/2012

Perforations Top: 5548

Bottom: 5560

No. Holes: 60

Hole size: \_\_\_\_\_

Provide a brief summary of the formation treatment:

Open Hole: ☐

Additional perfs (5550 to 5560). Well was acidized with 1000 gal of 7 1/2 % HCL and 1000 gal of 10% Acetic Acid and 20-7/8 SOLU-BALLS with additives. Pump 48 Bbls acid and balls. Flushed with 22 Bbls fresh water with additives and Bio-1. Previous perf interval was 5548-58.

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

Total fluid used in treatment (bbl): \_\_\_\_\_

Max pressure during treatment (psi): 4668

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: \_\_\_\_\_ Hours: \_\_\_\_\_ Bbl oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbl H2O: \_\_\_\_\_

Calculated 24 hour rate: \_\_\_\_\_ Bbl oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbl H2O: \_\_\_\_\_ GOR: \_\_\_\_\_

Test Method: \_\_\_\_\_ Casing PSI: \_\_\_\_\_ Tubing PSI: \_\_\_\_\_ Choke Size: \_\_\_\_\_

Gas Disposition: \_\_\_\_\_ Gas Type: \_\_\_\_\_ Btu Gas: \_\_\_\_\_ API Gravity Oil: \_\_\_\_\_

Tubing Size: \_\_\_\_\_ Tubing Setting Depth: \_\_\_\_\_ Tbg setting date: \_\_\_\_\_ 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:

This well was reactivated as a J-sand producer on 4/1/2012, but the well never produced at commercial rates because the rod pump set up would not move enough fluid. The well was shut-in. 2 years later on 4/10/2014, Black Raven installed a submersible pump. On 10/24/2014 BRE acidized the well 1000 gal 10% Acetic and 1000 gal 7 1/2% HCL. The well is now reactivated and producing from the J-Sand.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Jan Warusavitharana

Title: Geological Technician

Date: 12/8/2014

Email: jwar@enerjexresources.com

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### Attachment Check List

Att Doc Num

Name

400747303 FORM 5A SUBMITTED

400747504 WELLBORE DIAGRAM

Total Attach: 2 Files

## General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Corrected date of first prod. and gross interval.	12/8/2014 2:00:08 PM

Total: 1 comment(s)