

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:

400925694

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: 165 S UNION BLVD SUITE 410
City: LAKEWOOD State: CO Zip: 80228
4. Contact Name: Broc Lueth
Phone: (970) 5207396
Fax: (970) 8546465
Email: blueth@enerjexresources.com

5. API Number 05-095-06040-00
6. County: PHILLIPS
7. Well Name: ORTNER
Well Number: 1
8. Location: QtrQtr: NWSW Section: 1 Township: 7N Range: 44W Meridian: 6
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: NIOBRARA Status: ABANDONED Treatment Type: WELLBORE/COMPLETION
Treatment Date: End Date: Date of First Production this formation: 05/13/1980
Perforations Top: 2414 Bottom: 2444 No. Holes: 120 Hole size: 42/100
Provide a brief summary of the formation treatment: Open Hole: ☐
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: 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: No flow lines have been laid to the well.
Date formation Abandoned: 10/26/2015 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt
** Bridge Plug Depth: 2370 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

Comment:

Notification that CIBP was set at 2370' (44' above top perforations) with 2 sacks of cement on top.

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

Signed: _____ Print Name: Broc Lueth

Title: Field Foreman Date: _____ Email: blueth@enerjexresources.com
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Attachment Check List

Att Doc Num **Name**

400925698	WIRELINE JOB SUMMARY
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Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

Permit	Missing: Formation name, formation status, date of first production, perf interval depths, no. perf holes, perf hole size, open hole dropdown, commingled dropdown, all relevant formation abandonment information at the bottom of the formation panel. Contacted operator. Returned to draft.	10/28/2015 9:49:45 AM
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Total: 1 comment(s)