

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

400160076

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: Madeleine Lariviere
Phone: (303) 308-1330
Fax: (303) 308-1590

5. API Number 05-095-06244-00
6. County: PHILLIPS
7. Well Name: FLATLAND Well Number: 944-35-43
8. Location: QtrQtr: NESE Section: 35 Township: 9N Range: 44W Meridian: 6
9. Field Name: AMHERST Field Code: 2480

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 09/15/2010 Date of First Production this formation: 10/05/2010

Perforations Top: 2442 Bottom: 2452 No. Holes: 84 Hole size: 6 + 1/4

Provide a brief summary of the formation treatment: Open Hole: []

Frac Niobrara with Maverick Stimulation using 28 # crosslinked gel. 50,120 #16/30 Daniels sand and 49,920 # 12/20 Daniels sand for a total of 100,040 # sand. 60 tons CO2. 535 BLWTR. 5 MIN- 525 PSI 10 MIN-523 PSI. 15 MIN -524 PSI . MAX RATE 13.7 AVG RATE 10.1 MAX PSI- 962 AVG PSI 615 isip-570 psi.

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

Test Information:

Date: 10/06/2010 Hours: 4 Bbls oil: 0 Mcf Gas: 81 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 31 Bbls H2O: 63 GOR: []

Test Method: Flow Test Casing PSI: 415 Tubing PSI: 130 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 0 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 2433 Tbg setting date: 09/29/2010 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: []

Comment: []

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

Signed: [] Print Name: Madeleine Lariviere

Title: Office Manager Date: 5/5/2011 Email mlariviere@blackravenenergy.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400160076	FORM 5A SUBMITTED
400160097	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)