

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:

400161977

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 05-095-06243-00
6. County: PHILLIPS
7. Well Name: CLAYMON Well Number: 843-6-33
8. Location: QtrQtr: NWSE Section: 6 Township: 8N Range: 43W Meridian: 6
9. Field Name: AMHERST Field Code: 2480

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING
Treatment Date: 12/15/2010 Date of First Production this formation: 12/24/2010
Perforations Top: 2424 Bottom: 2438 No. Holes: 56 Hole size: 6 + 1/4
Provide a brief summary of the formation treatment: Open Hole:
Frac Niobrara with Maverick Stimulation using 28 # crosslinked gel. 50,000 #16/30 Arizona sand and 49,980 # 12/20 Texas Gold sand for a total of 99,980 # sand. 60 tons CO2. 546 BLWTR. 5 MIN- 678 PSI 10 MIN-647 PSI. 15 MIN -616 PSI . MAX RATE 14.0 AVG RATE 8.3 MAX PSI- 1107 AVG PSI 681 isip-674 psi
This formation is commingled with another formation: Yes No
Test Information:
Date: 01/20/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 230 Bbls H2O: 180
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 230 Bbls H2O: 180 GOR:
Test Method: Flow Test Casing PSI: 320 Tubing PSI: 175 Choke Size: 15/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 0 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 2414 Tbg setting date: 01/07/2011 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: 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
400161981	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)