

**FORM  
5A**Rev  
02/08State 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

Document Number:

400160073

**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 4. Contact Name: Madeleine Lariviere  
2. Name of Operator: BLACK RAVEN ENERGY INC Phone: (303) 308-1330  
3. Address: 1331 17TH STREET - #350 Fax: (303) 308-1590  
City: DENVER State: CO Zip: 80202

5. API Number 05-095-06233-00 6. County: PHILLIPS  
7. Well Name: Flatland Well Number: 944-35-44  
8. Location: QtrQtr: SESE Section: 35 Township: 9N Range: 44W Meridian: 6  
9. Field Name: AMHERST Field Code: 2480

Completed Interval

FORMATION: <u>NIOBRARA</u>		Status: <u>PRODUCING</u>		
Treatment Date: <u>10/07/2010</u>		Date of First Production this formation: <u>10/26/2010</u>		
Perforations	Top: <u>2446</u>	Bottom: <u>2454</u>	No. Holes: <u>81</u>	Hole size: <u>6 + 1/4</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<div>Fracturing Niobrara with Maverick Stimulation using 28 # crosslinked gel. 50,000 #16/30 Daniels sand and 50,060 # 12/20 Daniels sand for a total of 100,060 # sand. 60 tons CO<sub>2</sub>. 541.6 BLWTR. 5 MIN- 531 PSI 10 MIN-402 PSI. 15 MIN -402 PSI . MAX RATE 15.4 AVG RATE 11.7 MAX PSI- 1107 AVG PSI 676 isip=535psi</div>				
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>Test Information:</b>				
Date: <u>10/27/2010</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>61</u>	Bbls H <sub>2</sub> O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>61</u>	Bbls H <sub>2</sub> O: <u>0</u> GOR: <u>        </u>
Test Method: <u>Flow Test</u>	Casing PSI: <u>480</u>	Tubing PSI: <u>100</u>	Choke Size: <u>18/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>0</u>	API Gravity Oil: <u>0</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>2430</u>	Tbg setting date: <u>10/22/2010</u>	Packer Depth: <u>        </u>	
Reason for Non-Production: <div> </div>				
Date formation Abandoned: <u>        </u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u>        </u>	
Bridge Plug Depth: <u>        </u>		Sacks cement on top: <u>        </u>		

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

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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
400162053	WELLBORE DIAGRAM

Total Attach: 1 Files

### **General Comments**

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

Total: 0 comment(s)