

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

400161918

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 05-095-06222-00
6. County: PHILLIPS
7. Well Name: OLTJENBRUNS
Well Number: 843-6-41-L1
8. Location: QtrQtr: NENE 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: 12/29/2010

Perforations Top: 2424 Bottom: 2440 No. Holes: 64 Hole size: 6 + 1/4

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

Frac Niobrara with Maverick Stimulation using 28 # crosslinked gel. 50,140 #16/30 Arizona sand and 49,860 # 12/20 Texas Gold sand for a total of 100,000 # sand. 60 tons CO2. 546 BLWTR. 5 MIN- 629 PSI 10 MIN-614 PSI. 15 MIN -603 PSI . MAX RATE 13.8 AVG RATE 9.9 MAX PSI- 1171 AVG PSI 688 isip-674 psi

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

Test Information:

Date: 01/20/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 101 Bbls H2O: 73

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 101 Bbls H2O: 73 GOR: []

Test Method: Flow test Casing PSI: 240 Tubing PSI: 80 Choke Size: 48/64

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 2412 Tbg setting date: 01/06/2011 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
400161919	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)