



Document Number:

400161918

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 05-095-06222-00

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

[illegible]

Treatment Date:	12/15/2010	Date of First Production this formation:	12/29/2010
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Perforations	Top: 2424	Bottom: 2440	No. Holes: 64	Hole size: 6 + 1/4
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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 ☒ No

Test Information:

Date:	01/20/2011	Hours:	24	Bbls oil:	0	Mcf Gas:	101	Bbls H2O:	73
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Calculated 24 hour rate:	Bbls oil:	0	Mcf Gas:	101	Bbls H2O:	73	GOR:
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Test Method: Flow test	Casing PSI: 240	Tubing PSI: 80	Choke Size: 48/64
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Gas Disposition:	SOLD	Gas Type:	DRY	BTU Gas:	0	API Gravity Oil:	0
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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)