



Document Number:

400163395

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 05-095-06246-00

6. County: PHILLIPS

7. Well Name: VIESELMAYER

Well Number: 843-5-31-L2

8. Location: QtrQtr: NWNE Section: 5 Township: 8N Range: 43W Meridian: 6

9. Field Name: AMHERST Field Code: 2480

Completed Interval

FORMATION: NIOBRARA

Status: PRODUCING

Treatment Date:	02/04/2011	Date of First Production this formation:	02/11/2011
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Perforations	Top:	2410	Bottom:	2426	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 50,000 #16/30 Arizona sand and 50,740 # 12/20 Daniels sand for a total of 100,740 # sand. 60 tons CO2. 546 BLWTR. 5 MIN- 606 PSI 10 MIN-582 PSI. 15 MIN -575 PSI . MAX RATE 13.8 AVG RATE 9.3 MAX PSI- 1031 AVG PSI 728 isip-677 psi

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date:	03/25/2011	Hours:	24	Bbls oil:	0	Mcf Gas:	96	Bbls H2O:	0
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Calculated 24 hour rate:	Bbbs oil:	0	Mcf Gas:	96	Bbbs H2O:	0	GOR:
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Test Method: Flow Test	Casing PSI: 400	Tubing PSI: 100	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: 2394 Tbg setting date: 03/15/2011 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
400163396	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)