



Document Number:

400165848

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 05-095-06307-00

6. County: PHILLIPS

7. Well Name: Brinkema

Well Number: 943-31-34

8. Location: QtrQtr: SWSE Section: 31 Township: 9N Range: 43W Meridian: 6

9. Field Name: AMHERST Field Code: 2480

Completed Interval

FORMATION: NIOBRARA **Status:** PRODUCING

| | | | |
|-----------------|------------|--|------------|
| Treatment Date: | 03/25/2011 | Date of First Production this formation: | 04/13/2011 |
|-----------------|------------|--|------------|

| | | | | | | | | |
|--------------|------|------|---------|------|------------|----|------------|---------|
| Perforations | Top: | 2408 | Bottom: | 2428 | No. Holes: | 80 | Hole size: | 6 + 1/4 |
|--------------|------|------|---------|------|------------|----|------------|---------|

Provide a brief summary of the formation treatment: Open Hole: ☐

Frac Niobrara with Maverick Stimulation using 28 # crosslinked gel 50,0250 #16/30 Daniels sand and 50,080 # 12/20 Texas Gold sand for a total of 100,100 # sand. 60 tons CO2. 524 BLWTR. 5 MIN- 665 PSI 10 MIN-655 PSI. 15 MIN -648 PSI . MAX RATE 14.1 AVG RATE 8.4 MAX PSI- 998 AVG PSI 765 isip-688 psi

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

Test Information:

| | | | | | | | | | |
|-------|------------|--------|----|-----------|---|----------|----|-----------|---|
| Date: | 04/18/2011 | Hours: | 24 | Bbls oil: | 0 | Mcf Gas: | 98 | Bbls H2O: | 0 |
|-------|------------|--------|----|-----------|---|----------|----|-----------|---|

| | | | | | | | |
|--------------------------|-----------|---|----------|----|-----------|---|------|
| Calculated 24 hour rate: | Bbls oil: | 0 | Mcf Gas: | 98 | Bbls H2O: | 0 | GOR: |
|--------------------------|-----------|---|----------|----|-----------|---|------|

| | | | |
|------------------------|----------------|-------------|-------------------|
| Test Method: Flow Test | Casing PSI: 95 | Tubing PSI: | 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: 2394 Tbg setting date: 05/16/2011 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 |
|-------------|------------------|
| 400165851 | WELLBORE DIAGRAM |

Total Attach: 1 Files

General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)