

FORM
5A

Rev
02/08

State 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

COMPLETED INTERVAL REPORT

Document Number:

400165848

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)