

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:

400166368

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 05-095-06184-00
6. County: PHILLIPS
7. Well Name: OLTJENBRUNS STATE
Well Number: 944-36-34
8. Location: QtrQtr: SWSE Section: 36 Township: 9N Range: 44W Meridian: 6
9. Field Name: AMHERST Field Code: 2480

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING
Treatment Date: 03/30/2011 Date of First Production this formation: 05/11/2011
Perforations Top: 2440 Bottom: 2454 No. Holes: 52 Hole size: 6 + 1/4
Provide a brief summary of the formation treatment: Open Hole:
Frac Niobrara with Maverick Stimulation using 28 # crosslinked gel 50,040 #16/30 Arizona sand and 50,040 # 12/20 Texas Gold sand for a total of 100,080 # sand. 60.15 tons CO2. 549 BLWTR. 5 MIN- 690 PSI 10 MIN-670 PSI. 15 MIN -660 PSI . MAX RATE 13.7 AVG RATE 7.7 MAX PSI- 1221 AVG PSI 752 isip-710 psi
This formation is commingled with another formation: Yes No
Test Information:
Date: 05/12/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 44 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 44 Bbls H2O: 0 GOR:
Test Method: Flow Test Casing PSI: 220 Tubing PSI: 0 Choke Size: 14/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 0 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 2425 Tbg setting date: 05/17/2011 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
400166370	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)