

**FORM  
5A**Rev  
02/08State 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

Document Number:

400166470

**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 05-095-06231-00 6. County: PHILLIPS  
7. Well Name: OLTJENBRUNS STATE Well Number: 944-36-43  
8. Location: QtrQtr: NESE Section: 36 Township: 9N Range: 44W Meridian: 6  
9. Field Name: AMHERST Field Code: 2480

Completed Interval

FORMATION: <u>NIOBRARA</u>		Status: <u>PRODUCING</u>		
Treatment Date: <u>02/11/2011</u>		Date of First Production this formation: <u>03/02/2011</u>		
Perforations	Top: <u>2424</u>	Bottom: <u>2440</u>	No. Holes: <u>64</u>	Hole size: <u>6 + 1/4</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
Frac Niobrara with Maverick Stimulation using 28 # crosslinked gel 50,020 #16/30 Arizona sand and 50,340 # 12/20 Texas Gold sand for a total of 100,360 # sand. 60 tons CO <sub>2</sub> . 542 BLWTR. 5 MIN- 646 PSI 10 MIN-617 PSI. 15 MIN -604 PSI . MAX RATE 13.9 AVG RATE 7.3 MAX PSI- 1241 AVG PSI 748 isip-707 psi				
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>Test Information:</b>				
Date: <u>03/09/2011</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>84</u>	Bbls H <sub>2</sub> O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>84</u>	Bbls H <sub>2</sub> O: <u>0</u> GOR: <u>      </u>
Test Method: <u>Flow Test</u>	Casing PSI: <u>90</u>	Tubing PSI: <u>0</u>	Choke Size: <u>48/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>0</u>	API Gravity Oil: <u>0</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>2409</u>	Tbg setting date: <u>05/17/2011</u>	Packer Depth: <u>      </u>	
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>				
Date formation Abandoned: <u>      </u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u>      </u>				
Bridge Plug Depth: <u>      </u> Sacks cement on top: <u>      </u>				

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 LariviereTitle: 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
400166472	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)