

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



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Document Number:
400170421

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 05-115-06070-00 6. County: SEDGWICK
 7. Well Name: Fulscher State Well Number: 943-16-34
 8. Location: QtrQtr: SWSE Section: 16 Township: 9N Range: 43W Meridian: 6
 9. Field Name: AMHERST Field Code: 2480

Completed Interval

FORMATION: NIOBRARA Status: WAITING ON COMPLETION

Treatment Date: 04/14/2011 Date of First Production this formation: _____
 Perforations Top: 2378 Bottom: 2394 No. Holes: 64 Hole size: 6 + 1/4

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

Frac Niobrara with Maverick Stimulation using 28 # crosslinked gel 50,100 #16/30 Daniels sand and 50,000 # 12/20 Texas Gold sand for a total of 100,100 # sand. 60.13 tons CO2. 546 BLWTR. 5 MIN- 643 PSI 10 MIN-629 PSI. 15 MIN -618 PSI . MAX RATE 14.0 AVG RATE 10.3 MAX PSI- 1392 AVG PSI- 756 isip-703 psi

This formation is commingled with another formation: Yes No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
 Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
 Test Method: N/A Casing PSI: _____ Tubing PSI: _____ Choke Size: 0
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: _____ API Gravity Oil: _____
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 2362 Tbg setting date: 06/01/2011 Packer Depth: _____

Reason for Non-Production: _____
Waiting on a pumping unit and tying in flow line.

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
400171124	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)