

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

Document Number:
400164856

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
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 05-095-06209-00
6. County: PHILLIPS
7. Well Name: SAND PARTNERS Well Number: 844-12-41
8. Location: QtrQtr: NENE Section: 12 Township: 8N Range: 44W Meridian: 6
9. Field Name: AMHERST Field Code: 2480

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 04/07/2011 Date of First Production this formation: 04/28/2011
Perforations Top: 2167 Bottom: 2187 No. Holes: 44 Hole size: 6 + 1/4

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

Frac Niobrara with Maverick Stimulation using 28 # crosslinked gel 50,020 #16/30 Daniels sand and 50,020 # 12/20 Texas Gold sand for a total of 100,040 # sand. 60.05 tons CO2. 497 BLWTR. 5 MIN- 700 PSI 10 MIN 682 PSI. 15 MIN -672 PSI . MAX RATE 14.2 AVG RATE 9.3 MAX PSI- 1347 AVG PSI 802 isip-794 psi

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/02/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 163 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 163 Bbls H2O: 0 GOR:
Test Method: Flow Test Casing PSI: 220 Tubing PSI: 0 Choke Size: 26/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 0 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 2407 Tbg setting date: 06/07/2011 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
400173041	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)