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| 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 |  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table> | DE | ET | OE | ES |
| DE | ET | OE | ES | | | | |
| COMPLETED INTERVAL REPORT | | | Document Number: <div style="text-align: center; font-weight: bold;">400166501</div> | | | | |
| 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. | | | | | | | |

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| 1. OGCC Operator Number: <u>10203</u> | 4. Contact Name: <u>Madeleine Lariviere</u> |
| 2. Name of Operator: <u>BLACK RAVEN ENERGY INC</u> | Phone: <u>(303) 308-1330</u> |
| 3. Address: <u>1331 17TH STREET - #350</u> | Fax: <u>(303) 308-1590</u> |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u> | |

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| 5. API Number <u>05-095-06292-00</u> | 6. County: <u>PHILLIPS</u> |
| 7. Well Name: <u>Dirks</u> | Well Number: <u>844-1-11-L5</u> |
| 8. Location: QtrQtr: <u>Lot 5</u> Section: <u>1</u> Township: <u>8N</u> Range: <u>44W</u> Meridian: <u>6</u> | |
| 9. Field Name: <u>AMHERST</u> Field Code: <u>2480</u> | |

Completed Interval

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| FORMATION: <u>NIOBRARA</u> | Status: <u>PRODUCING</u> |
| Treatment Date: <u>02/18/2011</u> | Date of First Production this formation: <u>03/17/2011</u> |
| Perforations Top: <u>2446</u> Bottom: <u>2462</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 Daniels sand and 50,000 # 12/20 Texas Gold sand for a total of 100,020 # sand. 60.6 tons CO2. 548 BLWTR. 5 MIN- 606 PSI 10 MIN-592 PSI. 15 MIN -585 PSI . MAX RATE 13.8 AVG RATE 9.5 MAX PSI- 1066 AVG PSI 718 isip-648 psi | |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Test Information: | |
| Date: <u>03/22/2011</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>108</u> Bbls H2O: <u>0</u> | |
| Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>108</u> Bbls H2O: <u>0</u> GOR: _____ | |
| Test Method: <u>Flow Test</u> Casing PSI: <u>100</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>966</u> API Gravity Oil: <u>0</u> | |
| Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>2431</u> Tbg setting date: <u>05/31/2011</u> Packer Depth: _____ | |
| Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | |
| Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____ | |
| Bridge Plug Depth: _____ Sacks cement on top: _____ | |

Comment:

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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: 6/2/2011 Email mlariviere@blackravenenergy.com
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Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400166501 | FORM 5A SUBMITTED |
| 400171141 | WELLBORE DIAGRAM |

Total Attach: 2 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|--------------------------|-----------------------|----------------------------|
| Permit | REQ BTU GAS VALUE | 7/19/2011 1:16:42 PM |

Total: 1 comment(s)