

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;">400164814</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.							

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>	

5. API Number <u>05-095-06274-00</u>	6. County: <u>PHILLIPS</u>
7. Well Name: <u>CLAYMON</u>	Well Number: <u>843-6-11-L5</u>
8. Location: QtrQtr: <u>SWNW</u> Section: <u>6</u> Township: <u>8N</u> Range: <u>43W</u> Meridian: <u>6</u>	
9. Field Name: <u>AMHERST</u> Field Code: <u>2480</u>	

Completed Interval

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>2428</u> Bottom: <u>2444</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 50,040 #16/30 Daniels sand and 50,000 # 12/20 Texas Gold sand for a total of 100,040 # sand. 60.6 tons CO2. 550 BLWTR. 5 MIN- 619 PSI 10 MIN-600 PSI. 15 MIN -590 PSI . MAX RATE 14.0 AVG RATE 8.3 MAX PSI- 1604 AVG PSI 714 isip-677 psi	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>04/01/2011</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>70</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>70</u> Bbls H2O: <u>0</u> GOR: <u>0</u>	
Test Method: <u>Flow Test</u> Casing PSI: <u>95</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>2412</u> Tbg setting date: <u>05/09/2011</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: 5/13/2011 Email mlariviere@blackravenenergy.com
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Attachment Check List

Att Doc Num	Name
400164814	FORM 5A SUBMITTED
400164817	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)