


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> Document Number: <div style="border: 1px solid black; padding: 5px; text-align: center; margin-top: 10px;">400164856</div>	DE	ET	OE	ES
DE	ET	OE	ES				
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: <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>05-095-06209-00</u>		6. County: <u>PHILLIPS</u>					
7. Well Name: <u>SAND PARTNERS</u>		Well Number: <u>844-12-41</u>					
8. Location: QtrQtr: <u>NENE</u>	Section: <u>12</u>	Township: <u>8N</u>	Range: <u>44W</u>				
		Meridian: <u>6</u>					
9. Field Name: <u>AMHERST</u>		Field Code: <u>2480</u>					
<u>Completed Interval</u>							
FORMATION: <u>NIOBRARA</u>		Status: <u>PRODUCING</u>					
Treatment Date: <u>04/07/2011</u>		Date of First Production this formation: <u>04/28/2011</u>					
Perforations Top: <u>2440</u>	Bottom: <u>2452</u>	No. Holes: <u>44</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 50,020 # 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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Test Information:							
Date: <u>05/02/2011</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>163</u>				
		Bbls H2O: <u>0</u>					
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>163</u>				
		Bbls H2O: <u>0</u>	GOR: _____				
Test Method: <u>Flow Test</u>	Casing PSI: <u>220</u>	Tubing PSI: <u>0</u>	Choke Size: <u>26/64</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>2407</u>	Tbg setting date: <u>06/07/2011</u>	Packer Depth: _____				
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></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: <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>							

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Madeleine Larivere

Title: Office Manager Date: 6/8/2011 Email mlariviere@blackravenenergy.com
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Attachment Check List

Att Doc Num	Name
400164856	FORM 5A SUBMITTED
400173041	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)