

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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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 05-095-06209-00 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: 2440 Bottom: 2452 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 [X] 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: 966 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:

**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 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**

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

Total: 0 comment(s)