

<b>FORM 5A</b> Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 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				
<b>COMPLETED INTERVAL REPORT</b>			Document Number:  <div style="text-align: center; border: 1px solid black; padding: 5px;"> <b>400169814</b> </div>				

1. OGCC Operator Number: <u>10203</u> 2. Name of Operator: <u>BLACK RAVEN ENERGY INC</u> 3. Address: <u>1331 17TH STREET - #350</u> City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	4. Contact Name: <u>Madeleine Lariviere</u> Phone: <u>(303) 308-1330</u> Fax: <u>(303) 308-1590</u>
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5. API Number <u>05-095-06287-00</u> 7. Well Name: <u>FLATLAND</u> 8. Location: QtrQtr: <u>SENW</u> Section: <u>11</u> Township: <u>8N</u> 9. Field Name: <u>AMHERST</u> Field Code: <u>2480</u>	6. County: <u>PHILLIPS</u> Well Number: <u>844-11-22</u> Range: <u>44W</u> Meridian: <u>6</u>
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<u>Completed Interval</u>	
FORMATION: <u>NIOBRARA</u>	Status: <u>WAITING ON COMPLETION</u>
Treatment Date: <u>04/14/2011</u>	Date of First Production this formation: _____
Perforations      Top: <u>2458</u> Bottom: <u>2470</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 50,040 #16/30 Arizona sand and 49,960 # 12/20 Texas Gold sand for a total of 100,000 # sand. 60 tons CO2. 547 BLWTR. 5 MIN- 741 PSI 10 MIN-724 PSI. 15 MIN -718 PSI . MAX RATE 13.6 AVG RATE 9.6 MAX PSI- 1212 AVG PSI 805 isip-828 psi	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: _____      Hours: _____      Bbls oil: _____      Mcf Gas: _____      Bbls H2O: _____	
Calculated 24 hour rate: _____      Bbls oil: _____      Mcf Gas: _____      Bbls H2O: _____      GOR: _____	
Test Method: _____      Casing PSI: _____      Tubing PSI: _____      Choke Size: _____	
Gas Disposition: <u>SOLD</u> Gas Type: <u>DRY</u> BTU Gas: _____      API Gravity Oil: _____	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>2395</u> Tbg setting date: <u>06/03/2011</u> Packer Depth: _____	
Reason for Non-Production: _____	
Waiting on pipeline	
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:
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**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: 6/6/2011 Email mlariviere@blackravenenergy.com  
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**Attachment Check List**

Att Doc Num	Name
400169814	FORM 5A SUBMITTED
400171822	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

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

Total: 0 comment(s)