


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;">400160073</div>						
<p>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.</p>									
<table style="width: 100%;"> <tr> <td style="width: 50%;"> 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> </td> <td style="width: 50%;"> 4. Contact Name: <u>Madeleine Lariviere</u> Phone: <u>(303) 308-1330</u> Fax: <u>(303) 308-1590</u> </td> </tr> </table>				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>				
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>								
<table style="width: 100%;"> <tr> <td style="width: 50%;"> 5. API Number <u>05-095-06233-00</u> 7. Well Name: <u>Flatland</u> 8. Location: QtrQtr: <u>SESE</u> Section: <u>35</u> Township: <u>9N</u> Range: <u>44W</u> Meridian: <u>6</u> 9. Field Name: <u>AMHERST</u> Field Code: <u>2480</u> </td> <td style="width: 50%;"> 6. County: <u>PHILLIPS</u> Well Number: <u>944-35-44</u> </td> </tr> </table>				5. API Number <u>05-095-06233-00</u> 7. Well Name: <u>Flatland</u> 8. Location: QtrQtr: <u>SESE</u> Section: <u>35</u> Township: <u>9N</u> Range: <u>44W</u> Meridian: <u>6</u> 9. Field Name: <u>AMHERST</u> Field Code: <u>2480</u>	6. County: <u>PHILLIPS</u> Well Number: <u>944-35-44</u>				
5. API Number <u>05-095-06233-00</u> 7. Well Name: <u>Flatland</u> 8. Location: QtrQtr: <u>SESE</u> Section: <u>35</u> Township: <u>9N</u> Range: <u>44W</u> Meridian: <u>6</u> 9. Field Name: <u>AMHERST</u> Field Code: <u>2480</u>	6. County: <u>PHILLIPS</u> Well Number: <u>944-35-44</u>								
<u>Completed Interval</u>									
<table style="width: 100%;"> <tr> <td style="width: 50%;">FORMATION: <u>NIOBRARA</u></td> <td style="width: 50%;">Status: <u>PRODUCING</u></td> </tr> </table>				FORMATION: <u>NIOBRARA</u>	Status: <u>PRODUCING</u>				
FORMATION: <u>NIOBRARA</u>	Status: <u>PRODUCING</u>								
<table style="width: 100%;"> <tr> <td style="width: 50%;">Treatment Date: <u>10/07/2010</u></td> <td style="width: 50%;">Date of First Production this formation: <u>10/26/2010</u></td> </tr> </table>				Treatment Date: <u>10/07/2010</u>	Date of First Production this formation: <u>10/26/2010</u>				
Treatment Date: <u>10/07/2010</u>	Date of First Production this formation: <u>10/26/2010</u>								
<table style="width: 100%;"> <tr> <td style="width: 25%;">Perforations Top: <u>2446</u></td> <td style="width: 25%;">Bottom: <u>2454</u></td> <td style="width: 25%;">No. Holes: <u>81</u></td> <td style="width: 25%;">Hole size: <u>6 + 1/4</u></td> </tr> </table>				Perforations Top: <u>2446</u>	Bottom: <u>2454</u>	No. Holes: <u>81</u>	Hole size: <u>6 + 1/4</u>		
Perforations Top: <u>2446</u>	Bottom: <u>2454</u>	No. Holes: <u>81</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. 50,000 #16/30 Daniels sand and 50,060 # 12/20 Daniels sand for a total of 100,060 # sand. 60 tons CO2. 541.6 BLWTR. 5 MIN- 531 PSI 10 MIN-402 PSI. 15 MIN -402 PSI . MAX RATE 15.4 AVG RATE 11.7 MAX PSI- 1107 AVG PSI 676 isip=535psi									
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
Test Information:									
<table style="width: 100%;"> <tr> <td style="width: 25%;">Date: <u>10/27/2010</u></td> <td style="width: 10%;">Hours: <u>24</u></td> <td style="width: 15%;">Bbls oil: <u>0</u></td> <td style="width: 15%;">Mcf Gas: <u>61</u></td> <td style="width: 15%;">Bbls H2O: <u>0</u></td> <td style="width: 20%;"></td> </tr> </table>				Date: <u>10/27/2010</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>61</u>	Bbls H2O: <u>0</u>	
Date: <u>10/27/2010</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>61</u>	Bbls H2O: <u>0</u>					
<table style="width: 100%;"> <tr> <td style="width: 30%;">Calculated 24 hour rate:</td> <td style="width: 15%;">Bbls oil: <u>0</u></td> <td style="width: 15%;">Mcf Gas: <u>61</u></td> <td style="width: 15%;">Bbls H2O: <u>0</u></td> <td style="width: 25%;">GOR: _____</td> </tr> </table>				Calculated 24 hour rate:	Bbls oil: <u>0</u>	Mcf Gas: <u>61</u>	Bbls H2O: <u>0</u>	GOR: _____	
Calculated 24 hour rate:	Bbls oil: <u>0</u>	Mcf Gas: <u>61</u>	Bbls H2O: <u>0</u>	GOR: _____					
<table style="width: 100%;"> <tr> <td style="width: 30%;">Test Method: <u>Flow Test</u></td> <td style="width: 15%;">Casing PSI: <u>480</u></td> <td style="width: 15%;">Tubing PSI: <u>100</u></td> <td style="width: 40%;">Choke Size: <u>18/64</u></td> </tr> </table>				Test Method: <u>Flow Test</u>	Casing PSI: <u>480</u>	Tubing PSI: <u>100</u>	Choke Size: <u>18/64</u>		
Test Method: <u>Flow Test</u>	Casing PSI: <u>480</u>	Tubing PSI: <u>100</u>	Choke Size: <u>18/64</u>						
<table style="width: 100%;"> <tr> <td style="width: 30%;">Gas Disposition: <u>SOLD</u></td> <td style="width: 15%;">Gas Type: <u>DRY</u></td> <td style="width: 15%;">BTU Gas: <u>966</u></td> <td style="width: 40%;">API Gravity Oil: <u>0</u></td> </tr> </table>				Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>966</u>	API Gravity Oil: <u>0</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>966</u>	API Gravity Oil: <u>0</u>						
<table style="width: 100%;"> <tr> <td style="width: 20%;">Tubing Size: <u>2 + 3/8</u></td> <td style="width: 20%;">Tubing Setting Depth: <u>2430</u></td> <td style="width: 20%;">Tbg setting date: <u>10/22/2010</u></td> <td style="width: 40%;">Packer Depth: _____</td> </tr> </table>				Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>2430</u>	Tbg setting date: <u>10/22/2010</u>	Packer Depth: _____		
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>2430</u>	Tbg setting date: <u>10/22/2010</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: <div style="border: 1px solid black; height: 20px; width: 100%;"></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 Lariviere

Title: Office Manager Date: 5/5/2011 Email mlariviere@blackravenenergy.com
:

Attachment Check List

Att Doc Num	Name
400160073	FORM 5A SUBMITTED
400162053	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)