

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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Document Number:
400163291

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 05-095-06303-00 6. County: PHILLIPS
 7. Well Name: Schlachter Well Number: 943-22-13
 8. Location: QtrQtr: NWSW Section: 22 Township: 9N Range: 43W Meridian: 6
 9. Field Name: AMHERST Field Code: 2480

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 03/08/2011 Date of First Production this formation: 03/24/2011
 Perforations Top: 2380 Bottom: 2402 No. Holes: 88 Hole size: 6 + 1/4

Provide a brief summary of the formation treatment: Open Hole:

Frac Niobrara with Maverick Stimulation using 28 # crosslinked gel. 49,980 #16/30 Daniels sand and 50,060 # 12/20 Texas Gold sand for a total of 100,040 # sand. 60.09 tons CO2. 547 BLWTR. 5 MIN- 701 PSI 10 MIN-654 PSI. 15 MIN -636 PSI . MAX RATE 13.7 AVG RATE 10.6 MAX PSI- 1199 AVG PSI 766 isip-908 psi

This formation is commingled with another formation: Yes No

Test Information:

Date: 04/02/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 155 Bbls H2O: 0
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 155 Bbls H2O: 0 GOR: _____
 Test Method: Flow Test Casing PSI: 70 Tubing PSI: 0 Choke Size: 48/64
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: 966 API Gravity Oil: 0
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 2372 Tbg setting date: 05/06/2011 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:

*Tubing date is 5/6/2011, not 9/29/2010 as denoted on well bore diagram.

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: 5/9/2011 Email mlariviere@blackravenenergy.com
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Attachment Check List

Att Doc Num	Name
400163291	FORM 5A SUBMITTED
400163298	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)