

<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:  400166537				
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>05-095-06206-00</u>	6. County: <u>PHILLIPS</u>
7. Well Name: <u>STR</u>	Well Number: <u>844-1-31-L2</u>
8. Location: QtrQtr: <u>NWNE</u> Section: <u>1</u> Township: <u>8N</u> Range: <u>44W</u> Meridian: <u>6</u>	
9. Field Name: <u>AMHERST</u> Field Code: <u>2480</u>	

Completed Interval

FORMATION: <u>NIOBRARA</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>02/12/2011</u>	Date of First Production this formation: <u>03/02/2011</u>
Perforations Top: <u>2440</u> Bottom: <u>2456</u>	No. Holes: <u>64</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 50,060 # 12/20 Texas Gold sand for a total of 100,100 # sand. 60 tons CO2. 540 BLWTR. 5 MIN- 603 PSI 10 MIN-592 PSI. 15 MIN -591 PSI . MAX RATE 13.7 AVG RATE 7.4 MAX PSI- 1092 AVG PSI 716 isip-650 psi	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>03/08/2011</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>83</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>83</u> Bbls H2O: <u>0</u> GOR: _____	
Test Method: <u>Flow Test</u> Casing PSI: <u>75</u> Tubing PSI: <u>0</u> Choke Size: <u>48/64</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>2326</u> Tbg setting date: <u>05/23/2011</u> Packer Depth: _____	
Reason for Non-Production: _____	
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: \_\_\_\_\_

**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: 6/17/2011 Email mlariviere@blackravenenergy.com  
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**Attachment Check List**

Att Doc Num	Name
400166537	FORM 5A SUBMITTED
400176541	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

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

Total: 0 comment(s)