


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> Document Number: <div style="text-align: center; font-weight: bold;">400166470</div>	DE	ET	OE	ES
DE	ET	OE	ES				
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: <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>					
5. API Number <u>05-095-06231-00</u> 7. Well Name: <u>OLTJENBRUNS STATE</u> 8. Location: QtrQtr: <u>NESE</u> Section: <u>36</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>944-36-43</u>					
Completed Interval							
FORMATION: <u>NIOBRARA</u>		Status: <u>PRODUCING</u>					
Treatment Date: <u>02/11/2011</u>		Date of First Production this formation: <u>03/02/2011</u>					
Perforations Top: <u>2424</u>	Bottom: <u>2440</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 50,020 #16/30 Arizona sand and 50,340 # 12/20 Texas Gold sand for a total of 100,360 # sand. 60 tons CO2. 542 BLWTR. 5 MIN- 646 PSI 10 MIN-617 PSI. 15 MIN -604 PSI . MAX RATE 13.9 AVG RATE 7.3 MAX PSI- 1241 AVG PSI 748 isip-707 psi							
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Test Information:							
Date: <u>03/09/2011</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>84</u> Bbls H2O: <u>0</u>				
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>84</u> Bbls H2O: <u>0</u> GOR: <u> </u>				
Test Method: <u>Flow Test</u>	Casing PSI: <u>90</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>2409</u>	Tbg setting date: <u>05/17/2011</u>	Packer Depth: <u> </u>				
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>							
Date formation Abandoned: <u> </u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u> </u>				
Bridge Plug Depth: <u> </u>		Sacks cement on top: <u> </u>					
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: 5/18/2011 Email mlariviere@blackravenenergy.com
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Attachment Check List

Att Doc Num	Name
400166470	FORM 5A SUBMITTED
400166472	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)