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|---|--|---|---|----|----|----|----|
| <b>FORM<br/>5A</b><br><br>Rev<br>02/08  | <b>State of Colorado</b><br><b>Oil and Gas Conservation Commission</b><br>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><br>Document Number:<br><br><div style="border: 1px solid black; padding: 5px; text-align: center;">400165710</div> | DE | ET | OE | ES |
| DE  | ET   | OE  | ES  |    |    |    |    |
| <b>COMPLETED INTERVAL REPORT</b>  |  |   |   |    |    |    |    |
| 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><br>2. Name of Operator: <u>BLACK RAVEN ENERGY INC</u><br>3. Address: <u>1331 17TH STREET - #350</u><br>City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>   |  | 4. Contact Name: <u>Madeleine Lariviere</u><br>Phone: <u>(303) 308-1330</u><br>Fax: <u>(303) 308-1590</u> |   |    |    |    |    |
| 5. API Number <u>05-095-06299-00</u><br>7. Well Name: <u>Olson</u><br>8. Location:   QtrQtr: <u>SESW</u> Section: <u>31</u> Township: <u>9N</u> Range: <u>43W</u> Meridian: <u>6</u><br>9. Field Name: <u>AMHERST</u> Field Code: <u>2480</u>   |  | 6. County: <u>PHILLIPS</u><br>Well Number: <u>943-31-24</u>   |   |    |    |    |    |
| <u>Completed Interval</u>   |  |   |   |    |    |    |    |
| FORMATION: <u>NIOBRARA</u>  |  | Status: <u>PRODUCING</u>  |   |    |    |    |    |
| Treatment Date: <u>02/11/2011</u>   |  | Date of First Production this formation: <u>03/01/2011</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 50,040 #16/30 Arizona sand and 50,020 # 12/20 Texas Gold sand for a total of 100,060 # sand. 60 tons CO2. 546 BLWTR. 5 MIN- 678 PSI 10 MIN-647 PSI. 15 MIN -616 PSI . MAX RATE 14.0 AVG RATE 8.3 MAX PSI- 891 AVG PSI 658 isip-716 psi   |  |   |   |    |    |    |    |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  |   |   |    |    |    |    |
| <b>Test Information:</b>  |  |   |   |    |    |    |    |
| Date: <u>03/03/2011</u>   | Hours: <u>24</u>   | Bbls oil: <u>0</u>  | Mcf Gas: <u>114</u>   |    |    |    |    |
| Calculated 24 hour rate:  |  | Bbls oil: <u>0</u>  | Mcf Gas: <u>114</u>   |    |    |    |    |
| Test Method: <u>Flow Test</u>   |  | Casing PSI: <u>120</u>  | Tubing PSI: <u>0</u>  |    |    |    |    |
| Gas Disposition: <u>SOLD</u>  |  | Gas Type: <u>DRY</u>  | BTU Gas: <u>966</u>   |    |    |    |    |
| Tubing Size: <u>2 + 3/8</u>   |  | Tubing Setting Depth: <u>2398</u>   | Tbg setting date: <u>05/16/2011</u>   |    |    |    |    |
| Reason for Non-Production:  |  | Choke Size: <u>22/64</u>  |   |    |    |    |    |
|   |  |   |   |    |    |    |    |
| 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: 5/17/2011 Email mlariviere@blackravenenergy.com  
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### **Attachment Check List**

| Att Doc Num | Name              |
|-------------|-------------------|
| 400165710   | FORM 5A SUBMITTED |
| 400165716   | WELLBORE DIAGRAM  |

Total Attach: 2 Files

### **General Comments**

| <b><u>User Group</u></b> | <b><u>Comment</u></b> | <b><u>Comment Date</u></b> |
|--------------------------|-----------------------|----------------------------|
|                          |                       |                            |

Total: 0 comment(s)