


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: 400162889	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>05-095-06163-00</u> 7. Well Name: <u>OLSON</u> 8. Location: QtrQtr: <u>SWSW</u> Section: <u>31</u> Township: <u>9N</u> Range: <u>43W</u> Meridian: <u>6</u> 9. Field Name: <u>AMHERST</u> Field Code: <u>2480</u>		6. County: <u>PHILLIPS</u> Well Number: <u>943-31-14</u>					
<u>Completed Interval</u>							
FORMATION: <u>NIOBRARA</u>		Status: <u>PRODUCING</u>					
Treatment Date: <u>09/15/2010</u>		Date of First Production this formation: <u>09/23/2010</u>					
Perforations Top: <u>2458</u>	Bottom: <u>2476</u>	No. Holes: <u>78</u>	Hole size: <u>6 + 1/4</u>				
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Test Information:							
Date: <u>10/12/2010</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>165</u>				
Calculated 24 hour rate:	Bbls oil: <u>0</u>	Mcf Gas: <u>165</u>	Bbls H2O: <u>0</u>				
Test Method: <u>Flow Test</u>	Casing PSI: <u>350</u>	Tubing PSI: <u>200</u>	Choke Size: <u>15/64</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>2442</u>	Tbg setting date: <u>10/21/2010</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:							
I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.							
Signed:		Print Name: <u>Madeleine Lariviere</u>					
Title: <u>Office Manager</u>	Date: <u>5/6/2011</u>	Email <u>mlariviere@blackravenenergy.com</u>					

Attachment Check List

Att Doc Num	Name
400162889	FORM 5A SUBMITTED
400162890	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)