

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>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: <div style="text-align: center; font-weight: bold;">400162889</div>				

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>05-095-06163-00</u>	6. County: <u>PHILLIPS</u>
7. Well Name: <u>OLSON</u>	Well Number: <u>943-31-14</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>	

<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> Bbls H2O: <u>0</u>
Calculated 24 hour rate:	Bbls oil: <u>0</u> Mcf Gas: <u>165</u> Bbls H2O: <u>0</u> GOR: _____
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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
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: Madeleine Lariviere

Title: Office Manager Date: 5/6/2011 Email: mlariviere@blackravenenergy.com

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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)