

**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



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COMPLETED INTERVAL REPORT

Document Number:

400220472

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>DAVID KUNOVIC</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>05-095-06310-00</u>	6. County: <u>PHILLIPS</u>
7. Well Name: <u>Roll SWD</u>	Well Number: <u>843-18-21</u>
8. Location: QtrQtr: <u>NENW</u> Section: <u>18</u> Township: <u>8N</u> Range: <u>43W</u> Meridian: <u>6</u>	
9. Field Name: <u>AMHERST</u> Field Code: <u>2480</u>	

Completed Interval

FORMATION: DAKOTA-JSND Status: INJECTING

Treatment Date: 08/10/2011 Date of First Production this formation: 08/10/2011

Perforations Top: 3360 Bottom: 3438 No. Holes: 210 Hole size: 7 + 7/8

Provide a brief summary of the formation treatment: _____ Open Hole:

J Sand injection zone perfed from 3360-3366 6 spf, 3400-3418 6 spf, 3427-3438 6 spf. Swabbed tested - retrieved water sample for injections permit. Swab tested 8/11/11.

This formation is commingled with another formation: Yes No

Test Information:

Date: 08/10/2011 Hours: 5 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 278

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: 1334 GOR: 0

Test Method: Swab tubing Casing PSI: 0 Tubing PSI: 0 Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: 0 API Gravity Oil: 0

Tubing Size: 2 + 7/8 Tubing Setting Depth: 3308 Tbg setting date: 09/12/2011 Packer Depth: 3308

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: DAKOTA Status: INJECTING

Treatment Date: 08/08/2011 Date of First Production this formation: 08/08/2011

Perforations Top: 3572 Bottom: 3822 No. Holes: 276 Hole size: 7 + 7/8

Provide a brief summary of the formation treatment: _____ Open Hole:

Dakota injection zone perfed from 3572-3580 6 spf, 3750-3770 6 spf, 3784-3794 6 spf, 3814-3822 6 spf. Swab tested - retrieved water sample for injection permit. Swab tested 8/8/11. (Note: set bridge plug at 3508 after swabbing Dakota to isolate J Sand perfs for swab test)

This formation is commingled with another formation: Yes No

Test Information:

Date: 08/08/2011 Hours: 6 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 184

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: 736 GOR: 0

Test Method: Swab tubing Casing PSI: 0 Tubing PSI: 0 Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: 0 API Gravity Oil: 0

Tubing Size: 2 + 7/8 Tubing Setting Depth: 3308 Tbg setting date: 09/12/2011 Packer Depth: 3308

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes 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: DAVID KUNOVIC

Title: VP EXPLORATION

Date: 11/3/2011

Email dkunovic@blackravenenergy.com

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Attachment Check List

Att Doc Num	Name
400220472	FORM 5A SUBMITTED
400220484	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)