

FORM
5A

Rev
06/12

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:
400471025

Date Received:

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: 10203
2. Name of Operator: BLACK RAVEN ENERGY INC
3. Address: 1331 17TH STREET - #350
City: DENVER State: CO Zip: 80202
4. Contact Name: Madeleine Lariviere
Phone: (303) 308-1330
Fax: (303) 308-1590

5. API Number 05-095-06298-00
6. County: PHILLIPS
7. Well Name: Lindstrom
Well Number: 944-35-12
8. Location: QtrQtr: SWNW Section: 35 Township: 9N Range: 44W Meridian: 6
9. Field Name: AMHERST Field Code: 2480

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 09/22/2011 End Date: 09/22/2011 Date of First Production this formation: 02/15/2012
Perforations Top: 2451 Bottom: 2460 No. Holes: 54 Hole size: 6 + 1/4

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

SAFETY MEETING
50,060 # 16/30 TEXAS GOLD
50,000 # 12/20 TEXAS GOLD
60.10 TON CO2
BREAKDOWN =1182 PSI/ISIP =684 PSI
5 MIN =575 PSI/10 MIN =571 PSI
15 MIN =568 PSI
547 BBLs

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____
Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____
Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____
Total acid used in treatment (bbl): _____ Number of staged intervals: _____
Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____
Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 03/12/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 5 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 5 Bbl H2O: 0 GOR: 0
Test Method: Flow Test Casing PSI: 50 Tubing PSI: 0 Choke Size: _____
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 966 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 2494 Tbg setting date: 10/25/2011 Packer Depth: 0

Reason for Non-Production: _____

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

** Bridge Plug Depth: _____ ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

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: _____ Email: mlariviere@blackravenenergy.com

Attachment Check List

Att Doc Num	Name
400471048	WELLBORE DIAGRAM
400471058	CEMENT JOB SUMMARY

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)