

**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



DE	ET	OE	ES
----	----	----	----

Document Number:
400472807

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 05-095-06320-00
6. County: PHILLIPS
7. Well Name: Dirks Well Number: 844-1-11-L4
8. Location: QtrQtr: Lot 4 Section: 1 Township: 8N Range: 44W Meridian: 6
9. Field Name: AMHERST Field Code: 2480

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/17/2011 End Date: 11/17/2011 Date of First Production this formation: 01/03/2012

Perforations Top: 2455 Bottom: 2470 No. Holes: 90 Hole size: 6 + 1/4

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

Hold safety & pre job meetings.
Breakdown @ 1229 psi.
Total 50,020# 16/30 Daniels sand.
Total 50,340# 12/20 Texas Gold sand.
59.57 tons CO₂,
ISIP 629 5 min. 641 psi, 10 min. 682 psi, 15 min. 644 psi.
Max rate 14.1 bpm, Avg rate 7.5 bpm
Max psi 1230, Avg psi 662
553 bbls wtr to recover.

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: 02/26/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 8 Bbl H₂O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 8 Bbl H₂O: 0 GOR: 0

Test Method: Flow Test Casing PSI: 320 Tubing PSI: 0 Choke Size: 0

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 966 API Gravity Oil: 0

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

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

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)