

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 02/22/2012 End Date: _____ Date of First Production this formation: 04/05/2012

Perforations Top: 2390 Bottom: 2410 No. Holes: 120 Hole size: 42/100

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

"Safety meeting.
Break down @ 1,201 psi.
Total 50,220# 16/30 Daniels sand.
Total 50,000# 12/20 Texas Gold sand.
58.97 Tons CO₂.
ISIP 628 psi, 5 min 577 psi, 10 min 571 psi, 15 min 570 psi.
Max Rate 13.9 bpm, Avg Rate 8.9 bpm.
Max Pressure 1,202 psi, Avg Pressure 636 psi.
550 bbl of water to recover."

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 550 Max pressure during treatment (psi): 1201

Total gas used in treatment (mcf): 1013 Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: CARBON DIOXIDE Min frac gradient (psi/ft): _____

Total acid used in treatment (bbl): _____ Number of staged intervals: 1

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____

Total proppant used (lbs): 100220 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 05/21/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 16 Bbl H₂O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 16 Bbl H₂O: 0 GOR: _____

Test Method: FLOW Casing PSI: 40 Tubing PSI: _____ Choke Size: 48/64

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: WILLIAM F HAYWORTH

Title: PRESIDENT Date: 8/22/2012 Email: BHAYWORTH@BLACKRAVENENERGY.COM

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
2233817	FORM 5A SUBMITTED
2233818	OTHER

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)