

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 01/13/2012 End Date: _____ Date of First Production this formation: 02/02/2012
Perforations Top: 2392 Bottom: 2418 No. Holes: 156 Hole size: 42/100

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

"SAFETY MEETING
50,040# 16/30 DANIELS
50,060# 12/20 TEXAS GOLD
60.16 CO2
BREAKDOWN =1166 PSI
ISIP =825 PSI / 5 MIN =677 PSI
10 MIN =648 PSI / 15 MIN =630 PSI 422 BBLs"

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 422 Max pressure during treatment (psi): 1166
Total gas used in treatment (mcf): 1032 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): 100100 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: PIPELINE

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 02/09/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 56 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 56 Bbl H2O: 0 GOR: _____
Test Method: FLOW Casing PSI: 60 Tubing PSI: _____ Choke Size: 48/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 966 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 2457 Tbg setting date: 04/12/2012 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: 7/2/2012 Email: BHAYWORTH@BLACKRAVENENERGY.COM

Attachment Check List

Att Doc Num	Name
2233694	FORM 5A SUBMITTED
2233695	OTHER

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)