

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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Document Number: 400170638

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

5. API Number 05-095-06305-00 6. County: PHILLIPS  
 7. Well Name: Vieselmeyer Well Number: 843-5-42-L9  
 8. Location: QtrQtr: Lot 9 Section: 5 Township: 8N Range: 43W Meridian: 6  
 9. Field Name: AMHERST Field Code: 2480

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 03/25/2011 Date of First Production this formation: 04/13/2011  
 Perforations Top: 2400 Bottom: 2420 No. Holes: 80 Hole size: 6 + 1/4

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

Frac Niobrara with Maverick Stimulation using 28 # crosslinked gel 50,000 #16/30 Arizona sand and 50,020 # 12/20 Texas gold sand for a total of 100,020 # sand. 60.02 tons CO2. 514 BLWTR. 5 MIN- 745 PSI 10 MIN-734 PSI. 15 MIN -731 PSI . MAX RATE 13.7 AVG RATE 9.6 MAX PSI-1020 AVG PSI 804 isip-795 psi

This formation is commingled with another formation:  Yes  No

Test Information:

Date: 04/23/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 297 Bbls H2O: 0  
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 297 Bbls H2O: 0 GOR:       
 Test Method: Flow Test Casing PSI: 175 Tubing PSI: 0 Choke Size: 28/64  
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: 0 API Gravity Oil: 0  
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 2286 Tbg setting date: 06/08/2011 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:     

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:      mlariviere@blackravenenergy.com

Email  
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Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

**Attachment Check List**

Att Doc Num	Name
400173477	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

**User Group**      **Comment**      **Comment Date**

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

Total: 0 comment(s)