

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		DE ET OE ES
COMPLETED INTERVAL REPORT			Document Number: 400170320
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: <u>10203</u>	4. Contact Name: <u>Madeleine Lariviere</u>
2. Name of Operator: <u>BLACK RAVEN ENERGY INC</u>	Phone: <u>(303) 308-1330</u>
3. Address: <u>1331 17TH STREET - #350</u>	Fax: <u>(303) 308-1590</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-115-06093-00</u>	6. County: <u>SEDGWICK</u>
7. Well Name: <u>Fulscher</u>	Well Number: <u>943-15-14</u>
8. Location: QtrQtr: <u>SWSW</u> Section: <u>15</u> Township: <u>9N</u> Range: <u>43W</u> Meridian: <u>6</u>	
9. Field Name: <u>AMHERST</u> Field Code: <u>2480</u>	

Completed Interval

FORMATION: <u>NIOBRARA</u>	Status: <u>WAITING ON COMPLETION</u>
Treatment Date: <u>02/09/2011</u>	Date of First Production this formation: _____
Perforations Top: <u>2394</u> Bottom: <u>2410</u> No. Holes: <u>64</u> Hole size: <u>6 + 1/4</u>	
Provide a brief summary of the formation treatment: _____	Open Hole: <input type="checkbox"/>
Frac Niobrara with Maverick Stimulation using 28 # crosslinked gel 50,040 #16/30Arizona sand and 49,980 # 12/20 Texas Gold sand for a total of 100,020 # sand. 60.6 tons CO2. 546 BLWTR. 5 MIN- 665 PSI 10 MIN-631 PSI. 15 MIN -602 PSI . MAX RATE 13.8 AVG RATE 9.3	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____	
Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____	
Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____	
Gas Disposition: <u>SOLD</u> Gas Type: <u>DRY</u> BTU Gas: _____ API Gravity Oil: _____	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>2299</u> Tbg setting date: <u>06/09/2011</u> Packer Depth: _____	
Reason for Non-Production:	
Waiting on pipeline	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____	
Bridge Plug Depth: _____ Sacks cement on top: _____	

Comment:

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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: 6/10/2011 Email: mlariviere@blackravenenergy.com

Attachment Check List

Att Doc Num	Name
400170320	FORM 5A SUBMITTED
400173940	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)