

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



Table with 4 columns: DE, ET, OE, ES

Document Number: 400162729

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 05-095-06170-00 6. County: PHILLIPS
7. Well Name: OLSON Well Number: 943-27-21
8. Location: QtrQtr: NENW Section: 27 Township: 9N Range: 43W Meridian: 6
9. Field Name: AMHERST Field Code: 2480

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 01/11/2011 Date of First Production this formation: 01/21/2011
Perforations Top: 2374 Bottom: 2388 No. Holes: 56 Hole size: 6 + 1/4

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

Frac Niobrara with Maverick Stimulation using 28 # crosslinked gel 50,160 #16/30 Arizona sand and 50,020 # 12/20 Texas Gold sand for a total of 100,180 # sand. 60 tons CO2. 546 BLWTR. 5 MIN- 779 PSI 10 MIN-723 PSI. 15 MIN -697 PSI . MAX RATE 14.7 AVG RATE 7.1 MAX PSI- 1260 AVG PSI 840 isip-893 psi

This formation is commingled with another formation: [] Yes [X] No

Test Information:

Date: 02/05/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 40 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 40 Bbls H2O: 0 GOR:
Test Method: Flow Test Casing PSI: 60 Tubing PSI: 0 Choke Size: 48/64
Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 966 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 2363 Tbg setting date: 03/17/2011 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:

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: 5/6/2011 Email mlariviere@blackravenenergy.com
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Attachment Check List

Att Doc Num	Name
400162729	FORM 5A SUBMITTED
400162732	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)