

**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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COMPLETED INTERVAL REPORT

Document Number:

400170108

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 05-095-06207-00 6. County: PHILLIPS
7. Well Name: MURRAY Well Number: 943-34-11
8. Location: QtrQtr: NWNW Section: 34 Township: 9N Range: 43W Meridian: 6
9. Field Name: AMHERST Field Code: 2480

Completed IntervalFORMATION: NIOBRARA Status: WAITING ON COMPLETION

Treatment Date: 04/14/2011 Date of First Production this formation: _____
Perforations Top: 2388 Bottom: 2400 No. Holes: 44 Hole size: 6 + 1/4

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

Frac Niobrara with Maverick Stimulation using 28 # crosslinked gel 50,020 #16/30 Daniels sand and 50,020 # 12/20 Texas Gold sand for a total of 100,040 # sand. 60.07 tons CO₂. 547 BLWTR. 5 MIN- 599 PSI 10 MIN-592 PSI. 15 MIN -590 PSI . MAX RATE 14.0 AVG RATE 7.7 MAX PSI- 1482 AVG PSI 721 isip-629 psi

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H₂O: _____
Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H₂O: _____ GOR: _____
Test Method: N/A Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 0 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 2369 Tbg setting date: 06/07/2011 Packer Depth: _____

Reason for Non-Production:

Waiting on pipelineDate 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 LariviereTitle: Office Manager Date: _____ Email: mlariviere@blackravenenergy.com

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
400173049	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)