

FORM

2

Rev
12/05

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

Document Number:

1786956

Plugging Bond Surety

APPLICATION FOR PERMIT TO:

1. ☒ Drill, ☐ Deepen, ☐ Re-enter, ☐ Recomplete and Operate

2. TYPE OF WELL

OIL ☐ GAS ☒ COALBED ☐ OTHER _____
SINGLE ZONE ☒ MULTIPLE ZONE ☐ COMMINGLE ZONE ☐Refiling ☒Sidetrack ☐

3. Name of Operator: BLACK RAVEN ENERGY INC

4. COGCC Operator Number: 10203

5. Address: 1125 17TH ST STE 2300

City: DENVER State: CO Zip: 80202

6. Contact Name: JANICE ALDSTADT Phone: (303)308-1330X1 Fax: (303)308-1590

Email: JALDSTADT@PRBENERGY.COM

7. Well Name: FLATLAND Well Number: 944-35-43

8. Unit Name (if appl): Unit Number:

9. Proposed Total Measured Depth: 3

WELL LOCATION INFORMATION

10. QtrQtr: NESE Sec: 35 Twp: 9N Rng: 44W Meridian: 6

Latitude: 40.709950 Longitude: -102.210400

Footage at Surface: 1890 FNL/FSL 445 FEL/FWL
FSL FEL

11. Field Name: AMHERST Field Number: 2480

12. Ground Elevation: 3714 13. County: PHILLIPS

14. GPS Data:

Date of Measurement: 10/17/2008 PDOP Reading: 2.9 Instrument Operator's Name: NEAL MCCORMICK

15. If well is ☐ Directional ☐ Horizontal (highly deviated) submit deviated drilling plan.

Footage at Top of Prod Zone: FNL/FSL FEL/FWL Bottom Hole: FNL/FSL FEL/FWL

Sec: Twp: Rng: Sec: Twp: Rng:

16. Is location in a high density area? (Rule 603b)? ☐ Yes ☒ No

17. Distance to the nearest building, public road, above ground utility or railroad: 200

18. Distance to nearest property line: 445 19. Distance to nearest well permitted/completed in the same formation: 2644

20. LEASE, SPACING AND POOLING INFORMATION

| Objective Formation(s) | Formation Code | Spacing Order Number(s) | Unit Acreage Assigned to Well | Unit Configuration (N/2, SE/4, etc.) |
|------------------------|----------------|-------------------------|-------------------------------|--------------------------------------|
| NIOBRARA | NBRR | | | |

21. Mineral Ownership: ☒ Fee ☐ State ☐ Federal ☐ Indian Lease #: _____

22. Surface Ownership: ☒ Fee ☐ State ☐ Federal ☐ Indian

23. Is the Surface Owner also the Mineral Owner? ☒ Yes ☐ No Surface Surety ID#: _____

23a. If 23 is Yes: Is the Surface Owner(s) signature on the lease? ☒ Yes ☐ No

23b. If 23 is No ☐ Surface Owners Agreement Attached or ☐ \$25,000 Blanket Surface Bon ☐ \$2,000 Surface Bond ☐ \$5,000 Surface Bond

24. Using standard QtrQtr, Sec, Twp, Rng format enter entire mineral lease description upon which this proposed wellsite is located (attach separate sheet/map if you prefer):
NE-10-T8N-R44W; NW, NE-11-T8N-R44W; S/2-24-T9N-R44W; E/2-23-T9N-R44W; W/2-25-T9N-R44W; SE, NE-35-T9N-R44W

25. Distance to Nearest Mineral Lease Line: _____ 445 _____ 26. Total Acres in Lease: _____ 1760 _____

DRILLING PLANS AND PROCEDURES

27. Is H2S anticipated? ☐ Yes ☒ No If Yes, attach contingency plan.

28. Will salt sections be encountered during drilling? ☐ Yes ☒ No

29. Will salt (>15,000 ppm TDS CL) or oil based muds be used during drilling? ☐ Yes ☒ No

30. If questions 27 or 28 are yes, is this location in a sensitive area (Rule 903)? ☐ Yes ☒ No If 28, 29, or 30 are "Yes" a pit permit may be required.

31. Mud disposal: ☐ Offsite ☒ Onsite

Method: ☐ Land Farming ☐ Land Spreading ☐ Disposal Facility Other: EVAPORATION & BURIAL

Note: The use of an earthen pit for Recompletion fluids requires a pit permit (Rule 905b). If air/gas drilling, notify local fire officials.

| Casing Type | Size of Hole | Size of Casing | Weight Per Foot | Setting Depth | Sacks Cement | Cement Bottom | Cement Top |
|-------------|--------------|----------------|-----------------|---------------|--------------|---------------|------------|
| SURF | 9+7/8 | 7 | 17 | 450 | 180 | 450 | 0 |
| 1ST | 6+1/4 | 4+1/2 | 10.5 | 3,000 | 80 | 3,000 | |

32. BOP Equipment Type: ☐ Annular Preventer ☐ Double Ram ☐ Rotating Head ☐ None

33. Comments NO CONDUCTOR CASING WILL BE USED. THE PERFORATED INTERVAL IS ESTIMATED TO BE SHALLOWER THAN 2,500'. NOTHING ON THE SURFACE HAS CHANGED SINCE THE ORIGINAL APD WAS SUBMITTED AND APPROVED UNDER API #05-095-06244-00.

34. Location ID: _____

35. Is this application in a Comprehensive Drilling Plan ? ☐ Yes ☐ No

36. Is this application part of submitted Oil and Gas Location Assessment ? ☐ Yes ☐ No

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: JANICE ALDSTADT

Title: LANDMAN Date: _____ Email: JALDSTADT@PRBENERGY.C

Based on the information provided herein, this Application for Permit-to-Drill complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

API NUMBER

05 095 06244 00

Permit Number: _____ Expiration Date: _____

CONDITIONS OF APPROVAL, IF ANY: _____

Attachment Check List

| Att Doc Num | Name | Doc Description |
|-------------|----------------------|--------------------|
| 1786956 | APD ORIGINAL | LF@2169401 1786956 |
| 1786958 | 30 DAY NOTICE LETTER | LF@2169402 1786958 |
| 1786964 | WELL LOCATION PLAT | LF@2169403 1786964 |

Total Attach: 3 Files