

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

## 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 

Document Number:

2079619

Plugging Bond Surety

20060159

3. Name of Operator: BLACK RAVEN ENERGY INC 4. COGCC Operator Number: 102035. Address: 1125 17TH ST STE 2300City: DENVER State: CO Zip: 802026. Contact Name: JANICE ALDSTADT Phone: (303)308-1300 x1 Fax: (303)308-1590Email: JALSTADT@BLACKRAVENENERGY.COM7. Well Name: OLTJENBRUNS FARMS Well Number: 844-12-31

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

9. Proposed Total Measured Depth: 3000

## WELL LOCATION INFORMATION

10. QtrQtr: NWNE Sec: 12 Twp: 8N Rng: 44W Meridian: 6Latitude: 40.682570 Longitude: -102.211240Footage at Surface: 1295 FNL/FSL FNL 2275 FEL/FWL FEL11. Field Name: UNNAMED Field Number: 8525112. Ground Elevation: 3722 13. County: PHILLIPS

## 14. GPS Data:

Date of Measurement: 10/21/2008 PDOP Reading: 2.1 Instrument Operator's Name: NEAL MCCORMICK15. 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  No17. Distance to the nearest building, public road, above ground utility or railroad: 200 ft18. Distance to nearest property line: 376 ft 19. Distance to nearest well permitted/completed in the same formation: 1527 ft

## 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):  
 T8N-R44W, SEC.2: NWS2, LESS 10 ACRES IN THE SWSWSW, SEC.10: NW, SEC.11: SW, SEC.12: NE, SEC.14: NWS2, SEC.15: E2, SEC.22: N2SE, SEC.23: ALL

25. Distance to Nearest Mineral Lease Line: 376 ft 26. Total Acres in Lease: 3270

### 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: EVAP & 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 SURFACE HAS CHANGED SINCE ORIGINAL APD WAS SUBMITTED & APPROVED UNDER API# 05-095-06240.**

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: JALSTADT@BLACKRAVENEN

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: \_\_\_\_\_

<b>API NUMBER</b> 05 095 06240 00	Permit Number: _____ Expiration Date: _____
<b>CONDITIONS OF APPROVAL, IF ANY:</b> _____	

All representations, stipulations and conditions of approval stated in the Form 2A for this location shall constitute representations, stipulations and conditions of approval for this Form 2 Permit-to-Drill and are enforceable to the same extent as all other representations, stipulations and conditions of approval stated in this Permit-to-Drill.

### Attachment Check List

Att Doc Num	Name	Doc Description
2079619	APD ORIGINAL	LF@2188982 2079619
2079620	WELL LOCATION PLAT	LF@2188983 2079620
2079621	30 DAY NOTICE LETTER	LF@2188984 2079621

Total Attach: 3 Files