

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



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Document Number:
2094037

Plugging Bond Surety
2060159

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)308-1330 X1 Fax: (303)308-1590
Email: JALDSTADT@BLACKRAVENENERGY.COM

7. Well Name: OTJENBRUNS Well Number: 944-36-34

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

9. Proposed Total Measured Depth: 850

WELL LOCATION INFORMATION

10. QtrQtr: SWSE Sec: 36 Twp: 9N Rng: 44W Meridian: 6

Latitude: 40.706750 Longitude: -102.196180

Footage at Surface: 680 FNL/FSL FSL 1790 FEL/FWL FEL

11. Field Name: UNNAMED Field Number: 85251

12. Ground Elevation: 3712 13. County: PHILLIPS

14. GPS Data:

Date of Measurement: 07/27/2007 PDOP Reading: 2.0 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: 150 ft

18. Distance to nearest property line: 680 ft 19. Distance to nearest well permitted/completed in the same formation: 1456 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.)
DAKOTA	DKTA			
NIOBRARA	NBRR			

21. Mineral Ownership: Fee State Federal Indian Lease #: 7502.1

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):
ALL OF SEC. 36 T9N R44W

25. Distance to Nearest Mineral Lease Line: 680 ft 26. Total Acres in Lease: 640

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	1042+8/5	8+5/8	24	450	501	450	0
1ST	7+2/8	5+1/2	15.5	3,850	520	3,850	450

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

33. Comments CONDUCTOR CASING WILL NOT BE USED. NOTHING ON SURFACE HAS CHANGED SINCE ORIGINAL APD WAS SUBMITTED AND APPROVED UNDER API # 05-095-06184-00.

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@BLACKRAVENE

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 06184 00	Permit Number: _____ Expiration Date: _____
CONDITIONS OF APPROVAL, IF ANY: _____	

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
2094037	APD ORIGINAL	LF@2210566 2094037
2094039	SURFACE AGRMT/SURETY	LF@2210567 2094039
2094040	30 DAY NOTICE LETTER	LF@2210568 2094040

Total Attach: 3 Files