

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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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:

2096071

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)308-1330X1 Fax: (303)308-1590Email: JALDSTADT@BLACKRAVENENERGY.COM7. Well Name: CLAYMON Well Number: 843-6-12-L5

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

9. Proposed Total Measured Depth: 3000

WELL LOCATION INFORMATION

10. QtrQtr: SWNW Sec: 6 Twp: 8N Rng: 43W Meridian: 6Latitude: 40.699700 Longitude: -102.201460Footage at Surface: 1870 FNL/FSL 200 FEL/FWL FNL FWL11. Field Name: WILDCAT Field Number: 9999912. Ground Elevation: 3715 13. County: PHILLIPS

14. GPS Data:

Date of Measurement: 01/30/2010 PDOP Reading: 2.0 Instrument Operator's Name: NEAL E. 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: 200 ft 19. Distance to nearest well permitted/completed in the same formation: 1729 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):
 LOT 4, NW/4, E/2 - SECTION 6: T8N-R43W AND W/2 SECTION 30: W/2

25. Distance to Nearest Mineral Lease Line: 200 ft 26. Total Acres in Lease: 855

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'.

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: 2/10/2010 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	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
2096071	APD ORIGINAL	LF@2419407 2096071
2096073	WELL LOCATION PLAT	LF@2419408 2096073
2096074	TOPO MAP	LF@2419409 2096074
2096075	30 DAY NOTICE LETTER	LF@2419410 2096075
2096076	ACCESS ROAD MAP	LF@2419423 2096076

Total Attach: 5 Files