

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:
2094037
Plugging Bond Surety
20060159

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: OLTJENBRUNS Well Number: 944-36-34

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

9. Proposed Total Measured Depth: 3850

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: 680 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: 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	1042+8/5	8+5/8	24	450	150	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: 314093

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: 1/5/2010 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: David S. Neslin Director of COGCC Date: 3/6/2010

API NUMBER
05 095 06184 00

Permit Number: _____ Expiration Date: 3/4/2012

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.

COGCC ENG COA – SME 1. Provide 24 hr notice of spud to Colby Horton at 970-467-2517 or e-mail at colby.horton@state.co.us. 2. Set surface casing, per Rule 317d, cement to surface. Setting surface casing less than the approved depth is a permit violation unless prior written approval is obtained from the COGCC. 3. If completed, provide cement coverage from TD to 200' above Niobrara. Verify coverage with cement bond log. 4. If well is a dry hole set the following plugs: a) 40 sks cement from 50' above Dakota top or any DST up, b) 40 sks cement from 50' above Niobrara top up, c) 40 sks cement ½ out, ½ in surface casing d) 10 sks cement at top of surface casing, cut casing 4' below GL, weld on plate, 5 sks cement in rat hole and 5 sks cement in mouse hole. Restore surface location.

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Attachment Check List

Att Doc Num	Name	Doc Description
2063696	SURFACE CASING CHECK	LF@2220971 2063696
2094037	APD APPROVED	LF@2434832 2094037
2094039	SURFACE AGRMT/SURETY	LF@2210567 2094039
2094040	30 DAY NOTICE LETTER	LF@2210568 2094040
400027801	FORM 2 SUBMITTED	LF@2216347 400027801
400047120	APD ORIGINAL	LF@2210566 400047120

Total Attach: 6 Files