



SUNDRY NOTICE

Submit original plus one copy. This form is to be used for general, technical and environmental sundry information. For proposed or completed operations, describe in full on Technical Information Page (Page 2 of this form.) Identify well or other facility by API Number or by OGCC Facility ID. Operator shall send an informational copy of all sundry notices for wells located in High Density Areas to the Local Government Designee (Rule 603b.)

1. OGCC Operator Number:	10203	4. Contact Name	Janice Aldstadt	Complete the Attachment Checklist OP OGCC
2. Name of Operator:	Black Raven Energy, Inc.	Phone:	(303) 308-1330	
3. Address:	1125 17th Street, Suite 2300	Fax:	(303) 308-1590	
City:	Denver	State:	CO	
5. API Number	05- 095-06250-00	OGCC Facility ID Number	843-5-42-L8	
6. Well/Facility Name:	Vieselmeyer	7. Well/Facility Number	843-5-42-L8	
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian):	Lot 8, Section 5, T8N-R43W)			
9. County:	Phillips	10. Field Name:	Unnamed	
11. Federal, Indian or State Lease Number:				

General Notice

<input type="checkbox"/> CHANGE OF LOCATION:	Attach New Survey Plat	(a change of surface qtr/qtr is substantive and requires a new permit)
Change of Surface Footage from Exterior Section Lines:	FNL/FSL	FEL/FWL
Change of Surface Footage to Exterior Section Lines:		
Change of Bottomhole Footage from Exterior Section Lines:		
Change of Bottomhole Footage to Exterior Section Lines:		
Bottomhole location Qtr/Qtr, Sec, Twp, Rng, Mer		
Latitude		
Longitude		
Ground Elevation		
Distance to nearest property line		Distance to nearest bldg, public rd, utility or RR
Distance to nearest lease line		Is location in a High Density Area (rule 603b)?
Distance to nearest well same formation		Yes/No
Surface owner consultation date:		

GPS DATA:	PDOP Reading	Instrument Operator's Name
Date of Measurement		

<input type="checkbox"/> CHANGE SPACING UNIT	Unit Acreage	Unit configuration	<input type="checkbox"/> Remove from surface bond
Formation	Spacing order number		Signed surface use agreement attached

<input type="checkbox"/> CHANGE OF OPERATOR (prior to drilling):	<input checked="" type="checkbox"/> CHANGE WELL NAME	NUMBER
Effective Date:	From: Vieselmeyer	843-5-42-L8
Plugging Bond: <input type="checkbox"/> Blanket <input type="checkbox"/> Individual	To: Vieselmeyer	843-5-41-L8
	Effective Date: 7/1/2010	

<input type="checkbox"/> ABANDONED LOCATION:	<input type="checkbox"/> NOTICE OF CONTINUED SHUT IN STATUS
Was location ever built? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date well shut in or temporarily abandoned:
Is site ready for inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has Production Equipment been removed from site? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Ready for Inspection:	MIT required if shut in longer than two years. Date of last MIT

<input type="checkbox"/> SPUD DATE:	<input type="checkbox"/> REQUEST FOR CONFIDENTIAL STATUS (6 mos from date casing set)				
<input type="checkbox"/> SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK	*submit cbl and cement job summaries				
Method used	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom	Date

<input type="checkbox"/> RECLAMATION:	Attach technical page describing final reclamation procedures per Rule 1004.
Final reclamation will commence on approximately	<input type="checkbox"/> Final reclamation is completed and site is ready for inspection.

Technical Engineering/Environmental Notice

<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Report of Work Done
Approximate Start Date:	Date Work Completed:

Details of work must be described in full on Technical Information Page (Page 2 must be submitted.)	
<input type="checkbox"/> Intent to Recomplete (submit form 2)	<input type="checkbox"/> Request to Vent or Flare
<input type="checkbox"/> Change Drilling Plans	<input type="checkbox"/> Repair Well
<input type="checkbox"/> Gross Interval Changed?	<input type="checkbox"/> Rule 502 variance requested
<input type="checkbox"/> Casing/Cementing Program Change	<input type="checkbox"/> Other:
<input type="checkbox"/> E&P Waste Disposal	<input type="checkbox"/> Beneficial Reuse of E&P Waste
<input type="checkbox"/> Status Update/Change of Remediation Plans	for Spills and Releases

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












Signed: Janice Aldstadt Date: 7/8/2010 Email: jaldstadt@blackravenenergy.com

Print Name: Janice Aldstadt Title: Landman

COGCC Approved:

Date:

CONDITIONS OF APPROVAL, IF ANY:

	Dual Producer		Location		Road
	Oil well		Fence Line		Trail
	Gas Well		Half-Sec. Line		Survey
	Dry Hole		Section Line		