

FORM
5
Rev
02/08

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

Document Number:
400164855

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type Final completion Preliminary completion

1. OGCC Operator Number: 10203
2. Name of Operator: BLACK RAVEN ENERGY INC
3. Address: 1331 17TH STREET - #350
City: DENVER State: CO Zip: 80202
4. Contact Name: Madeleine Lariviere
Phone: (303) 308-1330
Fax: (303) 308-1590

5. API Number 05-095-06209-00
6. County: PHILLIPS
7. Well Name: SAND PARTNERS Well Number: 844-12-41
8. Location: QtrQtr: NENE Section: 12 Township: 8N Range: 44W Meridian: 6
Footage at surface: Distance: 600 feet Direction: FNL Distance: 940 feet Direction: FEL
As Drilled Latitude: 40.684478 As Drilled Longitude: -102.206332

GPS Data:
Data of Measurement: 12/30/2010 PDOP Reading: 4.1 GPS Instrument Operator's Name: Kathy McCormick

** If directional footage
at Top of Prod. Zone Distance: feet Direction: Distance: feet Direction:
Sec: Twp: Rng:
at Bottom Hole Distance: feet Direction: Distance: feet Direction:
Sec: Twp: Rng:

9. Field Name: UNNAMED 10. Field Number: 85251
11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 12/04/2010 13. Date TD: 12/06/2010 14. Date Casing Set or D&A: 12/06/2010

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 2695 TVD 17 Plug Back Total Depth MD 2645 TVD

18. Elevations GR 3710 KB 3722
One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:
Gamma Ray, Compensated Density and Neutron Gamma Ray, Dual Induction Guard Log, Compensated Density and Neutron Dual Induction

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	9+7/8	7+0/0	17#	0	466	120	0	466	
1ST	6+1/4	4+1/2	11.6#	0	2,688	80	1,700	2,655	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
SHARON SPRINGS	2,393	2,423	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	2,440	2,476	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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

Signed: _____ Print Name: Madeleine Lariviere

Title: Office Manager Date: _____ Email: mlariviere@blackravenenergy.com

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400165727	LAS-CEMENT BOND
400165730	IND-DENS-NEU
400165753	TIF-DUAL INDUCTION
400165804	TIF-GAMMA RAY
400173037	WELLBORE DIAGRAM

Total Attach: 5 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)