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|--|--|---|--|--------------------------------------|----|----|----|
| <b>FORM</b><br><b>2</b><br>Rev<br>12/05  | <b>State of Colorado</b><br><b>Oil and Gas Conservation Commission</b><br>1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109 |  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> | DE                                   | ET | OE | ES |
| DE   | ET   | OE  | ES   |                                      |    |    |    |
| <b>APPLICATION FOR PERMIT TO:</b>  |  |   | Document Number:<br><br>400179373<br><br>Plugging Bond Surety<br><br>20060159  |                                      |    |    |    |
| 1. <input checked="" type="checkbox"/> <b>Drill,</b> <input type="checkbox"/> Deepen, <input type="checkbox"/> Re-enter, <input type="checkbox"/> Recomplete and Operate   |  |   |  |                                      |    |    |    |
| 2. TYPE OF WELL<br>OIL <input type="checkbox"/> GAS <input checked="" type="checkbox"/> COALBED <input type="checkbox"/> OTHER _____<br>SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/> COMMINGLE ZONE <input type="checkbox"/>   |  | Refiling <input type="checkbox"/><br>Sidetrack <input type="checkbox"/>             |  |                                      |    |    |    |
| 3. Name of Operator: <u>BLACK RAVEN ENERGY INC</u>   |  | 4. COGCC Operator Number: <u>10203</u>  |  |                                      |    |    |    |
| 5. Address: <u>1331 17TH STREET - #350</u><br>City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>   |  |   |  |                                      |    |    |    |
| 6. Contact Name: <u>Janice Aldstadt</u> Phone: <u>(303)308-1330</u> Fax: <u>(303)308-1590</u><br>Email: <u>jaldstadt@blackravenenergy.com</u>  |  |   |  |                                      |    |    |    |
| 7. Well Name: <u>SCHLACHTER</u>  |  | Well Number: <u>843-31-24</u>   |  |                                      |    |    |    |
| 8. Unit Name (if appl): _____  |  | Unit Number: _____  |  |                                      |    |    |    |
| 9. Proposed Total Measured Depth: <u>3000</u>  |  |   |  |                                      |    |    |    |
| <b>WELL LOCATION INFORMATION</b>   |  |   |  |                                      |    |    |    |
| 10. QtrQtr: <u>SESW</u> Sec: <u>31</u> Twp: <u>8N</u> Rng: <u>43W</u> Meridian: <u>6</u><br>Latitude: <u>40.616640</u> Longitude: <u>-102.198760</u>   |  |   |  |                                      |    |    |    |
| Footage at Surface: <u>665</u> feet      FNL/FSL <u>2088</u> feet      FEL/FWL <u>FWL</u>  |  |   |  |                                      |    |    |    |
| 11. Field Name: <u>UNNAMED</u>   |  | Field Number: _____   |  |                                      |    |    |    |
| 12. Ground Elevation: <u>3674</u>  |  | 13. County: <u>PHILLIPS</u>   |  |                                      |    |    |    |
| 14. GPS Data:<br>Date of Measurement: <u>06/09/2011</u> PDOP Reading: <u>2.5</u> Instrument Operator's Name: <u>KEVIN MCCORMICK</u>  |  |   |  |                                      |    |    |    |
| 15. If well is <input type="checkbox"/> Directional <input type="checkbox"/> Horizontal (highly deviated) <b>submit deviated drilling plan.</b><br>Footage at Top of Prod Zone: FNL/FSL _____ FEL/FWL _____ Bottom Hole: FNL/FSL _____ FEL/FWL _____<br>Sec: _____ Twp: _____ Rng: _____      Sec: _____ Twp: _____ Rng: _____ |  |   |  |                                      |    |    |    |
| 16. Is location in a high density area? (Rule 603b)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  |   |  |                                      |    |    |    |
| 17. Distance to the nearest building, public road, above ground utility or railroad: <u>665 ft</u>   |  |   |  |                                      |    |    |    |
| 18. Distance to nearest property line: <u>665 ft</u> 19. Distance to nearest well permitted/completed in the same formation: <u>955 ft</u>   |  |   |  |                                      |    |    |    |
| <b>20. LEASE, SPACING AND POOLING INFORMATION</b>  |  |   |  |                                      |    |    |    |
| Objective Formation(s)   | Formation Code   | Spacing Order Number(s)   | Unit Acreage Assigned to Well  | Unit Configuration (N/2, SE/4, etc.) |    |    |    |
| NIOBRARA   | NBRR   |   |  |                                      |    |    |    |

**IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.**

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 Bond ☐ \$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):  
TOWNSHIP 8 NORTH RANGE 43 WEST SECTION 31: E/2SW/4, LOT 3 (NW/4SW/4), LOT 4 (SW/4SW4)

25. Distance to Nearest Mineral Lease Line: \_\_\_\_\_ 665 ft \_\_\_\_\_ 26. Total Acres in Lease: \_\_\_\_\_ 168 \_\_\_\_\_

**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 28 or 29 are yes, is this location in a sensitive area (Rule 901.e)? ☐ Yes ☐ No

31. Mud disposal: ☐ Offsite ☒ Onsite **If 28, 29, or 30 are "Yes" a pit permit may be required.**

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 | Wt/Ft | Csg/Liner Top | Setting Depth | Sacks Cmt | Cmt Btm | Cmt Top |
|-------------|--------------|----------------|-------|---------------|---------------|-----------|---------|---------|
| SURF        | 9+7/8        | 7+0/0          | 17    | 12            | 450           | 180       | 450     | 0       |
| 1ST         | 6+1/4        | 4+1/2          | 10.5  | 12            | 3,000         | 80        | 3,000   | 1,600   |

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 FEET

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: 7/8/2011 Email: jaldstadt@blackravenenergy.co

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: 8/2/2011

**API NUMBER**

05 095 06325 00

Permit Number: \_\_\_\_\_ Expiration Date: 8/1/2013

**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.**

- 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 at least 50' into Pierre Shale for aquifer coverage, (450' minimum - as proposed).
- 3) If completed, provide cement coverage from TD to a minimum of 200' above Niobrara. Verify coverage with cement bond log.
- 4) If dry hole, set 35 sks cement 50' above Niobrara top, 35 sks cement ½ out, ½ in surface casing, 10 sks cement at top of surface casing, cut casing 4' below GL, weld on plate, 5 sks cement in rat hole & 5 sks cement in mouse hole.

### **Attachment Check List**

| Att Doc Num | Name               |
|-------------|--------------------|
| 400179373   | FORM 2 SUBMITTED   |
| 400179374   | WELL LOCATION PLAT |
| 400179375   | TOPO MAP           |

Total Attach: 3 Files

### **General Comments**

| <b><u>User Group</u></b> | <b><u>Comment</u></b>             | <b><u>Comment Date</u></b> |
|--------------------------|-----------------------------------|----------------------------|
| Permit                   | No plugging bond/ well surety id. | 7/8/2011 9:31:17 AM        |

Total: 1 comment(s)

### **BMP**

| <b><u>Type</u></b> | <b><u>Comment</u></b> |
|--------------------|-----------------------|
|                    |                       |

Total: 0 comment(s)