

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:

400157011

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

5. API Number 05-095-06241-00 6. County: PHILLIPS
 7. Well Name: EINSPAHR Well Number: 944-35-14
 8. Location: QtrQtr: SWSW Section: 35 Township: 9N Range: 44W Meridian: 6
 Footage at surface: Distance: 425 feet Direction: FSL Distance: 820 feet Direction: FWL
 As Drilled Latitude: 40.705904 As Drilled Longitude: -102.224998

GPS Data:

Date of Measurement: 09/11/2010 PDOP Reading: 2.1 GPS Instrument Operator's Name: Bob McCormick

** If directional footage at Top of Prod. Zone Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____

Sec: _____ Twp: _____ Rng: _____

** If directional footage at Bottom Hole Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____

Sec: _____ Twp: _____ Rng: _____

9. Field Name: AMHERST 10. Field Number: 2480

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 08/27/2010 13. Date TD: 08/29/2010 14. Date Casing Set or D&A: 08/29/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 2800 TVD** _____ 17 Plug Back Total Depth MD 2754 TVD** _____

18. Elevations GR 3728 KB 3740

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	496	127	0	496	CALC
1ST	6+1/4	4+1/2	11.6#	0	2,796	90	1,800	2,760	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	2,410	2,441	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	2,458	2,495	<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: 5/5/2011 Email: mlariviere@blackravenenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
400157011	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400157033	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400157035	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400157044	TIF-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400158143	TIF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400158190	TIF-DUAL INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400158235	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	REC CMT TKTS DOC# 2072538 & CBL DOC#2201995	7/28/2011 8:24:42 AM
Permit	e-mailed Madeleine Lariviere requesting 3rd party cement tkt. and paper copies of all logs.	7/15/2011 12:45:04 PM

Total: 2 comment(s)