

**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



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Document Number:  
  
400161115

**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 05-095-06162-00 6. County: PHILLIPS  
 7. Well Name: BRINKEMA Well Number: 943-31-44  
 8. Location: QtrQtr: SESE Section: 31 Township: 9N Range: 43W Meridian: 6  
 Footage at surface: Distance: 630 feet Direction: FSL Distance: 1220 feet Direction: FEL  
 As Drilled Latitude: 40.706770 As Drilled Longitude: -102.175040

GPS Data:  
 Date of Measurement: 07/27/2007 PDOP Reading: 2.4 GPS Instrument Operator's Name: NEAL 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) 09/01/2010 13. Date TD: 09/02/2010 14. Date Casing Set or D&A: 09/03/2010

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

16. Total Depth MD 2710 TVD\*\* \_\_\_\_\_ 17 Plug Back Total Depth MD 2637 TVD\*\* \_\_\_\_\_

18. Elevations GR 3685 KB 3697 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:

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	474	115	0	474	CALC
1ST	6+1/4	4+1/2	11.6#	0	2,677	81	1,880	2,670	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	2,363	2,394	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	2,410	2,448	<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 ?	
<u>Attachment Checklist</u>			
	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"/>
<u>Other Attachments</u>			
400161115	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400161136	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400161170	TIF-DUAL INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400161308	TIF-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400161357	TIF-COMBINATION OPEN HOLE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400162276	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	REC'D PAPER CBL #2201994 AND CMT. TKT.#2537395 AS WELL AS ALL PAPER LOGS.	7/28/2011 10:04:27 AM
Permit	e-mailed Madeleine Lariviere requesting 3rd party surf. cmt. tkt. and all paper logs.	7/15/2011 2:13:21 PM

Total: 2 comment(s)