

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:

400164808

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 05-095-06274-00 6. County: PHILLIPS
 7. Well Name: CLAYMON Well Number: 843-6-11-L5
 8. Location: QtrQtr: SWNW Section: 6 Township: 8N Range: 43W Meridian: 6
 Footage at surface: Distance: 1870 feet Direction: FNL Distance: 200 feet Direction: FWL
 As Drilled Latitude: 40.699710 As Drilled Longitude: -102.201458

GPS Data:
 Date of Measurement: 01/14/2011 PDOP Reading: 2.2 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) 01/04/2011 13. Date TD: 01/07/2011 14. Date Casing Set or D&A: 01/07/2011

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

16. Total Depth MD 2690 TVD** _____ 17 Plug Back Total Depth MD 2619 TVD** _____

18. Elevations GR 3715 KB 3727 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	464	120	0	464	CALC
1ST	6+1/4	4+1/2	11.6#	0	2,661	90	1,780	1,824	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	
NIOBRARA	2,328	2,467	<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	2,381	2,412	<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: 5/13/2011 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			
400164808	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400164815	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400164816	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400164819	IND-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400164831	TIF-DUAL INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400164850	TIF-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	REC CMT TKTS DOC# 2072544 & CBL DOC# 2201954	7/28/2011 8:46:25 AM
Permit	e-mailed Madeleine Lariviere requesting all paper logs and surf. cmt. summ.	7/19/2011 3:40:59 PM

Total: 2 comment(s)