

**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:

400170298

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 05-115-06093-00

6. County: SEDGWICK

7. Well Name: Fulscher

Well Number: 943-15-14

8. Location: QtrQtr: SWSW Section: 15 Township: 9N Range: 43W Meridian: 6

Footage at surface: Distance: 860 feet Direction: FSL Distance: 640 feet Direction: FWL

As Drilled Latitude: 40.751701 As Drilled Longitude: -102.129906

GPS Data:

Date of Measurement: 02/19/2011 PDOP Reading: 2.4 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) 12/29/2010 13. Date TD: 01/03/2011 14. Date Casing Set or D&A: 01/03/2011

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 2700 TVD** 17 Plug Back Total Depth MD 2644 TVD**

18. Elevations GR 3656 KB 3668

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 | 479 | 121 | 0 | 479 | CALC |
| 1ST | 6+1/4 | 4+1/2 | 11.6# | 0 | 2,686 | 100 | 1,610 | 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 | 2,346 | 2,376 | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 2,396 | 2,432 | <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: 6/10/2011 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> | | | | | |
| 400170298 | FORM 5 SUBMITTED | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400170299 | LAS-CEMENT BOND | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400170300 | IND-TRIPLE COMBINATION | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400170319 | TIF-DUAL INDUCTION | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400170356 | TIF-DENSITY/NEUTRON | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400173934 | WELLBORE DIAGRAM | 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#2072536, AND CBL DOC#2201970 | 7/28/2011 8:16:22 AM |
| Permit | e-mailed Madeleine Lariviere requesting hard copy CBL and surf. cmt. summ. | 7/20/2011 9:48:03 AM |

Total: 2 comment(s)