

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:

400170388

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

5. API Number 05-115-06070-00  
6. County: SEDGWICK  
7. Well Name: Fulscher State Well Number: 943-16-34  
8. Location: QtrQtr: SWSE Section: 16 Township: 9N Range: 43W Meridian: 6  
Footage at surface: Distance: 425 feet Direction: FSL Distance: 1680 feet Direction: FEL  
As Drilled Latitude: 40.750438 As Drilled Longitude: -102.138307

GPS Data:

Date of Measurement: 04/09/2011 PDOP Reading: 2.0 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: UNNAMED 10. Field Number: 85251

11. Federal, Indian or State Lease Number: 7509.1

12. Spud Date: (when the 1st bit hit the dirt) 02/11/2011 13. Date TD: 02/12/2011 14. Date Casing Set or D&A: 02/12/2011

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 2693 TVD\*\* 17 Plug Back Total Depth MD 2641 TVD\*\*

18. Elevations GR 3647 KB 3659

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, CBL

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	468	120	0	468	CALC
2ND	6+1/4	4+1/2	11.6#	0	2,682	90	1,835	2,653	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	
			<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: 6/2/2011 Email: mlariviere@blackravenenergy.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
	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"/>
<b>Other Attachments</b>			
400170388	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400170415	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400170419	IND-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400170441	TIF-DUAL INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400170453	TIF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400171110	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)