

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:
400206451

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: David Kunovic
Phone: (720) 214-4657
Fax: (303) 308-1590

5. API Number 05-095-06310-00
6. County: PHILLIPS
7. Well Name: Roll SWD Well Number: 843-18-21
8. Location: QtrQtr: NENW Section: 18 Township: 8N Range: 43W Meridian: 6
Footage at surface: Distance: 350 feet Direction: FNL Distance: 2499 feet Direction: FWL
As Drilled Latitude: As Drilled Longitude:

GPS Data:
Date of Measurement: PDOP Reading: GPS Instrument Operator's Name:

** 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:

12. Spud Date: (when the 1st bit hit the dirt) 07/16/2011 13. Date TD: 07/21/2011 14. Date Casing Set or D&A: 09/24/2011

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

16. Total Depth MD 3935 TVD** 17 Plug Back Total Depth MD 3864 TVD**

18. Elevations GR 3702 KB 3714
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:
Gammay ray CCL VDL Cement Bond Log
Pulsed Neutron Neutron Processed Analysis Log

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	12+0/0	8+5/8	24	0	476	200	0	476	VISU
1ST	7+7/8	5+1/2	15.5	0	3,876	366	2,138	3,876	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

Details of work:

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	2,387	2,786	<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	2,786	2,860	<input type="checkbox"/>	<input type="checkbox"/>	
CARLILE	2,860	2,985	<input type="checkbox"/>	<input type="checkbox"/>	
D SAND	3,228	3,301	<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	3,330	3,448	<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	3,572	3,850	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Plan to inject into both the Dakota perms and the J Sand perms. Waiting on aquifer exemption approval.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: David Kunovic

Title: VP Exploration Date: 9/19/2011 Email: dkunovic@blackravenenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
2072689	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input 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			
400206451	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400206462	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400206463	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400206466	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 PER D.K.@BLACK RAVEN - We used ADT's coiled tubing rig to drill this well. Under our turnkey contract ADT drills the surface hole with a separate smaller rig operated by Schaal Drilling Co. Schaal drills and cements the surface casing 2-3 days before the ADT coiled tubing rig moves to location. Schaal provides us with their field report on all of the surface casing jobs.	10/10/2011 2:25:33 PM
Permit	hard copy logs doc#2202495-96, req scanning & indexing. REQ CMT TKTS & AS DRILLED	10/10/2011 7:07:50 AM

Total: 2 comment(s)