

FORM
2

Rev
12/05

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:

400237150

PluggingBond SuretyID

20060159

APPLICATION FOR PERMIT TO:

1. Drill, Deepen, Re-enter, Recomplete and Operate

2. TYPE OF WELL

OIL GAS COALBED OTHER _____
SINGLE ZONE MULTIPLE COMMINGLE

Refiling

Sidetrack

3. Name of Operator: BLACK RAVEN ENERGY INC

4. COGCC Operator Number: 10203

5. Address: 1331 17TH STREET - #350

City: DENVER State: CO Zip: 80202

6. Contact Name: JANICE ALDSTADT Phone: (303)308-1330 Fax: (303)308-1590

Email: jaldstadt@blackravenenergy.com

7. Well Name: STATE Well Number: 843-16-14

8. Unit Name (if appl): _____ Unit Number: _____

9. Proposed Total Measured Depth: 3000

WELL LOCATION INFORMATION

10. QtrQtr: SWSW Sec: 16 Twp: 8N Rng: 43W Meridian: 6

Latitude: 40.659940 Longitude: -102.162860

Footage at Surface: 871 feet FNL/FSL 439 feet FEL/FWL FWL

11. Field Name: wildcat Field Number: 99999

12. Ground Elevation: 3677 13. County: PHILLIPS

14. GPS Data:

Date of Measurement: 11/23/2011 PDOP Reading: 2.0 Instrument Operator's Name: KEVIN MCCORMICK

15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**

Footage at Top of Prod Zone: FNL/FSL _____ FEL/FWL _____ Bottom Hole: FNL/FSL _____ FEL/FWL _____

Sec: _____ Twp: _____ Rng: _____ Sec: _____ Twp: _____ Rng: _____

16. Is location in a high density area? (Rule 603b)? Yes No

17. Distance to the nearest building, public road, above ground utility or railroad: 439 ft

18. Distance to nearest property line: 439 ft 19. Distance to nearest well permitted/completed in the same formation(BHL): 3129 ft

20. LEASE, SPACING AND POOLING INFORMATION

Objective Formation(s)	Formation Code	Spacing Order Number(s)	Unit Acreage Assigned to Well	Unit Configuration (N/2, SE/4, etc.)
NIOBRARA	NBRR			

21. Mineral Ownership: Fee State Federal Indian Lease #: 7496

22. Surface Ownership: Fee State Federal Indian

23. Is the Surface Owner also the Mineral Owner? Yes No Surface Surety ID#:

23a. If 23 is Yes: Is the Surface Owner(s) signature on the lease? Yes No

23b. If 23 is No: Surface Owners Agreement Attached or \$25,000 Blanket Surface Bond \$2,000 Surface Bond \$5,000 Surface Bond

24. Using standard QtrQtr, Sec, Twp, Rng format enter entire mineral lease description upon which this proposed wellsite is located (attach separate sheet/map if you prefer):

TOWNSHIP 8 NORTH RANGE 43 WEST SECTION 16:ALL

25. Distance to Nearest Mineral Lease Line: 439 ft 26. Total Acres in Lease: 640

DRILLING PLANS AND PROCEDURES

27. Is H2S anticipated? Yes No If Yes, attach contingency plan.

28. Will salt sections be encountered during drilling? Yes No

29. Will salt (>15,000 ppm TDS CL) or oil based muds be used during drilling? Yes No

30. If questions 28 or 29 are yes, is this location in a sensitive area (Rule 901.e)? Yes No

31. Mud disposal: Offsite Onsite

If 28, 29, or 30 are "Yes" a pit permit may be required.

Method: Land Farming Land Spreading Disposal Facility Other: EVAP & BURIAL

Note: The use of an earthen pit for Recompletion fluids requires a pit permit (Rule 905b). If air/gas drilling, notify local fire officials.

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top
SURF	9+7/8	7+0/0	17	12	450	180	450	0
1ST	6+1/4	4+1/2	10.5	0	3,000	80	3,000	1,600

32. BOP Equipment Type: Annular Preventer Double Ram Rotating Head None

33. Comments No conductor casing will be used. The perforated interval is estimated to be shallower than 2,500 feet. Surface Owner is not the mineral owner - surface use agreement is attached.

34. Location ID: _____

35. Is this application in a Comprehensive Drilling Plan ? Yes No

36. Is this application part of submitted Oil and Gas Location Assessment ? Yes No

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

Signed: _____ Print Name: JANICE ALDSTADT

Title: LANDMAN Date: 1/10/2012 Email: jaldstadt@blackravenenergy.

Based on the information provided herein, this Application for Permit-to-Drill complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

API NUMBER

05

Permit Number: _____ Expiration Date: _____

CONDITIONS OF APPROVAL, IF ANY:

All representations, stipulations and conditions of approval stated in the Form 2A for this location shall constitute representations, stipulations and conditions of approval for this Form 2 Permit-to-Drill and are enforceable to the same extent as all other representations, stipulations and conditions of approval stated in this Permit-to-Drill.

Attachment Check List

Att Doc Num	Name
400237150	FORM 2 SUBMITTED
400237457	TOPO MAP
400237459	WELL LOCATION PLAT
400239011	SURFACE AGRMT/SURETY

Total Attach: 4 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)

BMP

<u>Type</u>	<u>Comment</u>

Total: 0 comment(s)