

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: 400226598			
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: jkunovic@blackravenenergy.com
7. Well Name: FULSCHER Well Number: 943-15-33
8. Unit Name (if appl): _____ Unit Number: _____
9. Proposed Total Measured Depth: 3000

WELL LOCATION INFORMATION

10. QtrQtr: NWSE Sec: 15 Twp: 9N Rng: 43W Meridian: 6
Latitude: 40.755900 Longitude: -102.122260

Footage at Surface: 2372 feet FNL/FSL 2517 feet FEL/FWL FEL

11. Field Name: WILDCAT Field Number: 99999
12. Ground Elevation: 3632 13. County: SEDGWICK

14. GPS Data:

Date of Measurement: 11/18/2011 PDOP Reading: 2.9 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: 2362 ft
18. Distance to nearest property line: 1204 ft 19. Distance to nearest well permitted/completed in the same formation(BHL): 835 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 #: _____
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):

SECTION 9 SE/4 AND SECTION 17 NW1/4 AND SECTION 15 N1/2, SW1/4, W/2SE/4

25. Distance to Nearest Mineral Lease Line: 1204 ft

26. Total Acres in Lease: 880

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	12	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.

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: 1/4/2012 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: David G. Nesline

Director of COGCC Date: 1/29/2012

API NUMBER

05 115 06105 00

Permit Number: _____ Expiration Date: 1/28/2014

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.

- 1) Provide 24 hour notice of MIRU to COGCC inspector Jim Precup by e-mail at james.precup@state.co.us. Indicate Spud Notice in the subject line and provide the following information: Operator Name, Well Name and Number, API #, Spud Date, Contact Name, Contact Phone #, Email Address.
- 2) Set surface casing at least 50' into Pierre Shale for aquifer coverage, (450' minimum - as proposed).
- 3) If completed, provide cement coverage from TD to a minimum of 200' above Niobrara. Verify coverage with cement bond log.
- 4) If dry hole, set 35 sks cement 50' above Niobrara top, 35 sks cement ½ out, ½ in surface casing, 10 sks cement at top of surface casing, cut casing 4' below GL, weld on plate, 5 sks cement in rat hole & 5 sks cement in mouse hole.

The perforated interval or completed interval must be shallower than 2500 feet in true vertical depth or the well must be 600 feet from a lease and 1200 feet from another well completed or approved in the same formation; unless the permit application contains an approved exception location. Per rule 318a.

Attachment Check List

Att Doc Num	Name
2330831	SURFACE CASING CHECK
400226598	FORM 2 SUBMITTED
400226599	TOPO MAP
400226600	WELL LOCATION PLAT

Total Attach: 4 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	No LGD or public comment received; final review completed.	1/26/2012 6:50:06 AM
Permit	Operator corrected County. This form has passed completeness.	1/4/2012 11:00:09 AM
Permit	Returned to draft. Incorrect County.	1/4/2012 9:55:47 AM

Total: 3 comment(s)

BMP

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

Total: 0 comment(s)