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Document Number:  
 400383216

Date Received:

**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: Scott Ritger  
 2. Name of Operator: BLACK RAVEN ENERGY INC Phone: (303) 887-9266  
 3. Address: 1331 17TH STREET - #350 Fax: (303) 308-1590  
 City: DENVER State: CO Zip: 80202

5. API Number 05-087-05282-00 6. County: MORGAN  
 7. Well Name: AJU HJ Clar Well Number: #A1  
 8. Location: QtrQtr: NWSE Section: 13 Township: 1N Range: 58W Meridian: 6  
 Footage at surface: Distance: 1646 feet Direction: FSL Distance: 1650 feet Direction: FEL  
 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: ADENA 10. Field Number: 700  
 11. Federal, Indian or State Lease Number: \_\_\_\_\_

12. Spud Date: (when the 1st bit hit the dirt) 12/11/1953 13. Date TD: 12/24/1953 14. Date Casing Set or D&A: \_\_\_\_\_

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

16. Total Depth MD 5710 TVD\*\* \_\_\_\_\_ 17 Plug Back Total Depth MD 5695 TVD\*\* \_\_\_\_\_

18. Elevations GR 4533 KB 4545 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:  
 Two new logs were run during this conversion to an enhanced recovery well: (1) a CBL across the D and J sand interval on 11/29/2012 and (2) a CBL across the remedial cement interval (surface to 250') on 12/3/2012. Both logs have been submitted in digital and hardcopy formats.

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+1/4	8+5/8	24	0	110	100	0	110	CALC
1ST	7+7/8	5+1/2	15.5	0	5,707	225	4,408	5,707	CALC

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: 11/29/2012

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	1ST	251	57	7	251

Details of work:

Remedial cement was placed on the backside of the 5.5" casing by washing down to 251' with 1" pipe and then cementing back to surface. After doing the remedial cementing on 11/29/2012, a bond log was run on 12/3/2012. The bond log has been submitted to the COGCC electronically and in hard copy. This remedial cementing was a Condition of Approval on the permit that was issued for this recompletion.

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:

This work has been done in preparation for conversion to an injection well in the D sand enhanced recovery unit that was approved under COGCC order 26-60 on May 21, 1990.

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

Signed: \_\_\_\_\_ Print Name: Scott Ritger

Title: Geologist Date: \_\_\_\_\_ Email: sritger@ticdenver.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400394342	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

**General Comments**

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

Total: 0 comment(s)