

FORM
5

Rev
02/08

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400392540

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 05-087-07827-00 6. County: MORGAN
 7. Well Name: Nichols Well Number: 13A-24
 8. Location: QtrQtr: NENE Section: 24 Township: 1N Range: 58W Meridian: 6
 Footage at surface: Distance: 580 feet Direction: FNL Distance: 1080 feet Direction: FEL
 As Drilled Latitude: _____ As Drilled Longitude: _____

GPS Data:

Data 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) 12/08/1984 13. Date TD: _____ 14. Date Casing Set or D&A: _____

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 5760 TVD** _____ 17 Plug Back Total Depth MD 5745 TVD** _____

18. Elevations GR 4562 KB 4572

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 12/5/2012 and (2) a CBL across the remedial cement interval (surface to 250') on 3/8/2013. 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	32	0	138	100	0	138	CALC
1ST	7+7/8	5+1/2	15.5	0	5,756	225	4,447	5,756	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 03/06/2013

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	1ST	252	70	0	252

Details of work:

Remedial cement was placed on the backside of the 5.5" casing by washing down the annulus between surface and production casing to 252' with 1" pipe and then cementing back to surface. After doing the remedial cementing on 3/6/2013, a bond log was run on 3/8/2013. 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 ?	
Attachment Checklist			
400394367	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

User Group	Comment	Comment Date

Total: 0 comment(s)