



State of Colorado Oil and Gas Conservation Commission

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



FOR OGCC USE ONLY

INJECTION WELL PERMIT APPLICATION

Submit a completed Form 33 with or after approval obtained on Form 31 (Underground Injection Permit Application) or you must have a previously approved Injection Well Permit.

1. Operator may not commence injection into this well until this form is approved.
2. Each individual injection well must be approved by this form.

Well Name and Number: State of Colorado B-2 API No: 05-087-05487
UIC Facility No: 150146 (as assigned on an approved Form 31)
Project Name: Adena J Sand Unit Operator Name: Black Raven Energy, Inc.
Field Name and Number: Adena - 700 County: Morgan
QtrQtr: SESE Sec: 36 Twp: 2N Range: 58W Meridian: 6

Complete the Attachment Checklist

| | Operator | OGCC |
|---------------------------|-------------------------------------|--------------------------|
| Current Wellbore Diagram | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Proposed Wellbore Diagram | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

CURRENT WELLBORE INFORMATION

| | SIZE | DEPTH | NO. SACKS | CEMENT TOP | Cement Top Determined By: | | |
|------------------------------|--------|-------|-----------|------------|---------------------------|-------------------------------------|-------------------------------------|
| | | | | | CBL | CIRCULATED | CALCULATED |
| Surface Casing | 9 5/8" | 216 | 160 | 0 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Intermediate Casing (if any) | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Production Casing | 5 1/2" | 5704 | 250 | 4000 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Plug Back Total Depth: 5702 Tubing Depth: NA Packer Depth: NA

J Sand Formation Gross Perforation Interval: 5638 to 5690
Formation Gross Perforation Interval: _____ to _____
Formation Open Hole Interval (if any): _____ to _____

List below all Plugs, Bridge Plugs, Stage Cementing or Squeeze Work performed on this wellbore: (if more space needed, continue on reverse side of this form.)

- 1.
- 2.
- 3.
- 4.

Describe below any changes to the wellbore which will be made upon conversion. (This includes but not limited to changes of tubing and packer setting depths, any additional squeeze work for aquifer protection or casing leaks, setting of bridge plugs to isolate non-injection formations.)

1. J Sand will be re-perfed from 5638 - 5690 ft. 6 spf
2. Injection Packer and 2 3/8" tubing will be set 80 ft. above J Sand perfs.

- 3.
- 4.

Comments:

This Form 33 is being submitted with a Form 2 and a current and proposed wellbore diagram.

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

Print Name: David Kunovic

Signed: [Signature] Title: VP Exploration Date: 12/19/13

OGCC Approved: _____ Title: _____ Date: _____

MAX. SURFACE INJECTION PRESSURE: _____ If Disposal Well, MAX. INJECTION VOL. LIMIT: _____

CONDITIONS OF APPROVAL, IF ANY: