

FORM
5Rev
09/14State 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:

400793700

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

OGCC Operator Number: 10203

Contact Name: Billy Hataway

Name of Operator: BLACK RAVEN ENERGY INC

Phone: (303) 308-1330

Address: 165 S UNION BLVD SUITE 410

Fax: (303) 308-1590

City: LAKEWOOD State: CO Zip: 80228

API Number 05-087-05235-00

County: MORGAN

Well Name: CLAR, L

Well Number: 1

Location: QtrQtr: NENW Section: 24 Township: 1N Range: 58W Meridian: 6

Footage at surface: Distance: 990 feet Direction: FNL Distance: 2310 feet Direction: FWL

As Drilled Latitude: 40.041602 As Drilled Longitude: -103.821856

GPS Data:

Date of Measurement: 09/30/2011 PDOP Reading: 4.7 GPS Instrument Operator's Name: Theresa McCollom

** 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:

Field Name: ADENA

Field Number: 700

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 10/26/1953 Date TD: 11/07/1953 Date Casing Set or D&A:

Rig Release Date: 11/10/1953 Per Rule 308A.b.

Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 5870 TVD** Plug Back Total Depth MD 5865 TVD**

Elevations GR 4601 KB 4611 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

CCL/CBL

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF		8+5/8	28	0	127	100		127	
1ST		5+1/2	15.5	0	5,865	250	4,454	5,865	
1ST LINER	4+19/20	4+1/2	11.6	0	5,608	165		5,608	

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

Ran 4.5 to 11.6# liner with collar turned to 4.825OD to 5608ft KB and continued to surface with 165 sacks of portland cement.

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	

Comment:

CBL - 7/11/14: 5649 to 5658 (Submitted with Form 4)
WBD also submitted with Form 4.

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

Signed: _____ Print Name: Billy Hataway

Title: Operations Manager Date: _____ Email: bhataway@enerjexresources.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" 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)