

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



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APPLICATION FOR PERMIT TO:

1. ☒ Drill, ☐ Deepen, ☐ Re-enter, ☐ Recomplete and Operate

2. TYPE OF WELL

 OIL ☐ GAS ☒ COALBED ☐ OTHER _____
 SINGLE ZONE ☒ MULTIPLE ZONE ☐ COMMINGLE ZONE ☐

 Refiling ☒
 Sidetrack ☐

Document Number:

1774247

Plugging Bond Surety

3. Name of Operator: BLACK RAVEN ENERGY INC

4. COGCC Operator Number: 10203

5. Address: 1125 17TH ST STE 2300

City: DENVER State: CO Zip: 80202

6. Contact Name: JANICE ALDSTADT Phone: (303)308-1330X1 Fax: (303)308-1590

Email: JALDSTADT@BLACKRAVENENERGBY.COM

7. Well Name: LININGER Well Number: 843-18-41

8. Unit Name (if appl): Unit Number:

9. Proposed Total Measured Depth: 3000

WELL LOCATION INFORMATION

10. QtrQtr: NENE Sec: 18 Twp: 8N Rng: 43W Meridian: 6

Latitude: 40.671040 Longitude: -102.187140

Footage at Surface: 300 FNL/FSL FNL 910 FEL/FWL FEL

11. Field Name: UNNAMED Field Number: 85251

12. Ground Elevation: 3697 13. County: PHILLIPS

14. GPS Data:

Date of Measurement: 10/17/2008 PDOP Reading: 2.2 Instrument Operator's Name: NEAL E. 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: 200 ft

18. Distance to nearest property line: 300 ft 19. Distance to nearest well permitted/completed in the same formation: 7232 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 Bon ☐ \$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):
NE, LESS AND EXCEPT THE CB&Q RR ROW AND THE CO HWY 176 ROW, SECTION 18, T8N-R43W; NW, SECTION 33, T9N-R43W

25. Distance to Nearest Mineral Lease Line: 300 ft 26. Total Acres in Lease: 310

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 27 or 28 are yes, is this location in a sensitive area (Rule 903)? ☐ Yes ☒ No If 28, 29, or 30 are "Yes" a pit permit may be required.

31. Mud disposal: ☐ Offsite ☒ Onsite

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	Weight Per Foot	Setting Depth	Sacks Cement	Cement Bottom	Cement Top
SURF	9+7/8	7	18	450	180	450	0
1ST	6+1/4	4+1/2	10.5	3,000	80	3,000	

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'. NOTHING ON THE SURFACE HAS CHANGED SINCE THE ORIGINAL APD WAS SUBMITTED AND APPROVED UNDER API #05-095-06249-00.

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: _____ Email: JALDSTADT@BLACKRAVENE

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: _____ Director of COGCC Date: _____

API NUMBER 05 095 06249 00	Permit Number: _____ Expiration Date: _____
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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.

Attachment Check List

Att Doc Num	Name	Doc Description
1774247	APD ORIGINAL	LF@2178757 1774247
1774248	WELL LOCATION PLAT	LF@2178758 1774248
1774249	30 DAY NOTICE LETTER	LF@2178759 1774249

Total Attach: 3 Files