

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:

1775045

Plugging Bond Surety

20060159

3. Name of Operator: BLACK RAVEN ENERGY INC 4. COGCC Operator Number: 102035. Address: 1125 17TH ST STE 2300City: DENVER State: CO Zip: 802026. Contact Name: JANICE ALDSTADT Phone: (303)308-1330X1 Fax: (303)308-1590Email: JALDSTADT@BLACKRAVENENERGY.COM7. Well Name: FLATLAND Well Number: 944-35-31

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

9. Proposed Total Measured Depth: 3000

WELL LOCATION INFORMATION

10. QtrQtr: NWNE Sec: 35 Twp: 9N Rng: 44W Meridian: 6Latitude: 40.716450 Longitude: -102.214590Footage at Surface: 1080 FNL/FSL 1625 FEL/FWL FEL11. Field Name: UNNAMED Field Number: 8525112. Ground Elevation: 3725 13. County: PHILLIPS

14. GPS Data:

Date of Measurement: 11/05/2009 PDOP Reading: 1.8 Instrument Operator's Name: NEAL E. MCCORMICK15. 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 No17. Distance to the nearest building, public road, above ground utility or railroad: 1080 ft18. Distance to nearest property line: 1060 ft 19. Distance to nearest well permitted/completed in the same formation: 2637 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/4-10-T8N-R44W; NW/4, NE/4-11-T8N-R44W; S/2-24-T9N-R44W; E/2-23-T9N-R44W; W/2-25-T9N-R44W; SE/4, NE/4-35-T9N-R44W.

25. Distance to Nearest Mineral Lease Line: 1060 ft 26. Total Acres in Lease: 1760

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	17	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 2500'.

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	Permit Number: _____	Expiration Date: _____
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
1775045	APD ORIGINAL	LF@2192744 1775045
1775046	WELL LOCATION PLAT	LF@2192745 1775046
1775047	TOPO MAP	LF@2192746 1775047
1775048	30 DAY NOTICE LETTER	LF@2192747 1775048
1775049	LOCATION PICTURES	LF@2192886 1775049
1775050	LOCATION PICTURES	LF@2192887 1775050
1775051	ACCESS ROAD MAP	LF@2192888 1775051

Total Attach: 7 Files