

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:

2093137

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: LELAND Well Number: 843-8-22

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

9. Proposed Total Measured Depth: 3000

## WELL LOCATION INFORMATION

10. QtrQtr: SENW Sec: 8 Twp: 8N Rng: 43W Meridian: 6Latitude: 40.679590 Longitude: -102.175940Footage at Surface: 2390 FNL/FSL FNL 2115 FEL/FWL FWL11. Field Name: UNNAMED Field Number: 8525112. Ground Elevation: 3685 13. County: PHILLIPS

## 14. GPS Data:

Date of Measurement: 11/03/2009 PDOP Reading: 2.0 Instrument Operator's Name: NEAL MCCORMIC15. 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: 1354 ft18. Distance to nearest property line: 211 ft 19. Distance to nearest well permitted/completed in the same formation: 3443 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):  
SEE ATTACHED SHEET.

25. Distance to Nearest Mineral Lease Line: 211 ft 26. Total Acres in Lease: 2587

### 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 2,500'.

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: \_\_\_\_\_

<b>API NUMBER</b>	Permit Number: _____	Expiration Date: _____
05	<b>CONDITIONS OF APPROVAL, IF ANY:</b> _____	

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
2093137	APD ORIGINAL	LF@2195492 2093137
2093139	WELL LOCATION PLAT	LF@2195493 2093139
2093140	TOPO MAP	LF@2195494 2093140
2093141	30 DAY NOTICE LETTER	LF@2195495 2093141
2093142	LEGAL/LEASE DESC	LF@2195496 2093142
2093143	LOCATION PICTURES	LF@2195590 2093143
2093144	LOCATION PICTURES	LF@2195591 2093144
2093145	ACCESS ROAD MAP	LF@2195592 2093145

Total Attach: 8 Files