

FORM
5
Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

DRILLING COMPLETION REPORT

Document Number:

400162711

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

1. OGCC Operator Number: 10203 4. Contact Name: Madeleine Lariviere
2. Name of Operator: BLACK RAVEN ENERGY INC Phone: (303) 308-1330
3. Address: 1331 17TH STREET - #350 Fax: (303) 308-1590
City: DENVER State: CO Zip: 80202

5. API Number 05-095-06170-00 6. County: PHILLIPS
7. Well Name: OLSON Well Number: 943-27-21
8. Location: QtrQtr: NENW Section: 27 Township: 9N Range: 43W Meridian: 6
Footage at surface: Distance: 600 feet Direction: FNL Distance: 2365 feet Direction: FWL
As Drilled Latitude: 40.733080 As Drilled Longitude: -102.123830

GPS Data:

Data of Measurement: 01/15/2011 PDOP Reading: 2.1 GPS Instrument Operator's Name: Bob McCormick

** If directional footage

at Top of Prod. Zone Distance: _____ feet Direction: _____ Distance: _____ feet Direction: _____
Sec: _____ Twp: _____ Rng: _____
at Bottom Hole Distance: _____ feet Direction: _____ Distance: _____ feet Direction: _____
Sec: _____ Twp: _____ Rng: _____

9. Field Name: UNNAMED 10. Field Number: 85251

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 12/22/2010 13. Date TD: 12/28/2010 14. Date Casing Set or D&A: 12/28/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 2680 TVD _____ 17 Plug Back Total Depth MD 2605 TVD _____

18. Elevations GR 3634 KB 3646

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

Gamma Ray, Compensated Density and Neutron Gamma Ray, Dual Induction Guard Log, Compensated Density and Neutron Dual Induction

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	9+7/8	7+0/0	17#	0		114	0		
1ST	6+1/4	4+0/0	11.6#	0	2,647	90	1,650	2,640	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

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

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
SHARON SPRINGS	2,326	2,357	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	2,373	2,414	<input type="checkbox"/>	<input type="checkbox"/>	

Comment: _____

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

Signed: _____ Print Name: Madeleine Lariviere

Title: Office Manager Date: _____ Email: mlariviere@blackravenenergy.com

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400162723	WELLBORE DIAGRAM
400162730	LAS-CEMENT BOND
400162731	IND-DENS-NEU
400162740	TIF-DUAL INDUCTION
400162752	TIF-GAMMA RAY

Total Attach: 5 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)