

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

Document Number:  
400168554

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

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

5. API Number 05-095-06234-00  
6. County: PHILLIPS  
7. Well Name: CROWDER Well Number: 843-7-12  
8. Location: QtrQtr: SWNW Section: 7 Township: 8N Range: 43W Meridian: 6  
Footage at surface: Distance: 1545 feet Direction: FNL Distance: 1100 feet Direction: FWL  
As Drilled Latitude: 40.681881 As Drilled Longitude: -102.199111

GPS Data:  
Data of Measurement: 02/19/2011 PDOP Reading: 3.1 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) 01/08/2011 13. Date TD: 01/11/2011 14. Date Casing Set or D&A: 01/12/2011

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 TVD

18. Elevations GR 3711 KB 3723  
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             | 463           | 180       | 0       | 463     |        |

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:

| <b>FORMATION LOG INTERVALS AND TEST ZONES</b> |                |        |                          |                          |   |
|---|----------------|--------|--------------------------|--------------------------|---|
| FORMATION NAME                                | Measured Depth |        | Check if applies         |                          | COMMENTS (All DST and Core Analyses must be submitted to COGCC) |
|   | Top            | Bottom | DST                      | Cored                    |   |
| SHARON SPRINGS                                | 2,387          | 2,422  | <input type="checkbox"/> | <input type="checkbox"/> |   |
| NIOBRARA                                      | 2,497          | 2,487  | <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               |
|-------------|--------------------|
| 400168555   | LAS-CEMENT BOND    |
| 400168704   | IND-DENS-NEU       |
| 400168726   | TIF-DUAL INDUCTION |
| 400168765   | TIF-GAMMA RAY      |

Total Attach: 4 Files

### General Comments

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

Total: 0 comment(s)