

FORM
5Rev
02/08State 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:

400170388

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 05-115-06070-00

6. County: SEDGWICK

7. Well Name: Fulscher State

Well Number: 943-16-34

8. Location: QtrQtr: SWSE Section: 16 Township: 9N Range: 43W Meridian: 6

Footage at surface: Distance: 425 feet Direction: FSL Distance: 1680 feet Direction: FEL

As Drilled Latitude: 40.750438 As Drilled Longitude: -102.138307

GPS Data:

Data of Measurement: 04/09/2011 PDOP Reading: 2.0 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: 7509.1

12. Spud Date: (when the 1st bit hit the dirt) 02/11/2011 13. Date TD: 02/12/2011 14. Date Casing Set or D&A: 02/12/2011

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 2693 TVD 17 Plug Back Total Depth MD 2641 TVD

18. Elevations GR 3647 KB 3659

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	468	120	0	468	
2ND	6+1/4	4+1/2	11.6#	0	2,682	90	1,830	2,653	

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	2,329	2,360	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	2,378	2,418	<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
400170415	LAS-CEMENT BOND
400170419	IND-DENS-NEU
400170441	TIF-DUAL INDUCTION
400170453	TIF-GAMMA RAY
400171110	WELLBORE DIAGRAM

Total Attach: 5 Files

General Comments

User Group Comment Comment Date

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Total: 0 comment(s)