

APPLICATION FOR PERMIT TO:

1. Drill, Deepen, Re-enter, Recomplete and Operate

2. TYPE OF WELL

OIL GAS COALBED OTHER _____

SINGLE ZONE MULTIPLE COMMINGLE

Refiling
Sidetrack

Document Number:
400204287

PluggingBond SuretyID
20060159

3. Name of Operator: BLACK RAVEN ENERGY INC 4. COGCC Operator Number: 10203

5. Address: 1331 17TH STREET - #350
City: DENVER State: CO Zip: 80202

6. Contact Name: Janice Aldstadt Phone: (303)308-1330 Fax: (303)308-1590
Email: jaldstadt@blackravenenergy.com

7. Well Name: RAFERT Well Number: 843-32-14

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

9. Proposed Total Measured Depth: 3000

WELL LOCATION INFORMATION

10. QtrQtr: SWSW Sec: 32 Twp: 8N Rng: 43W Meridian: 6
Latitude: 40.616970 Longitude: -102.182750

Footage at Surface: 814 feet FNL/FSL 784 feet FEL/FWL 784 feet

11. Field Name: WILDCAT Field Number: 99999

12. Ground Elevation: 3668 13. County: PHILLIPS

14. GPS Data:
Date of Measurement: 06/10/2011 PDOP Reading: 2.3 Instrument Operator's Name: NEAL MCCORMICK

15. 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 No

17. Distance to the nearest building, public road, above ground utility or railroad: 784 ft

18. Distance to nearest property line: 784 ft 19. Distance to nearest well permitted/completed in the same formation(BHL): 4569 ft

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 Bond \$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):
 TOWNSHIP 8 NORTH RANGE 43 WEST SECTION 9 SE/4, SECTION 22 N/2, SECTION 29 NE/4, SECTION 29 NE/4, SECTION 32 W/2.

25. Distance to Nearest Mineral Lease Line: 784 ft 26. Total Acres in Lease: 960

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 28 or 29 are yes, is this location in a sensitive area (Rule 901.e)? Yes No

31. Mud disposal: Offsite Onsite **If 28, 29, or 30 are "Yes" a pit permit may be required.**

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 | Wt/Ft | Csg/Liner Top | Setting Depth | Sacks Cmt | Cmt Btm | Cmt Top |
|-------------|--------------|----------------|-------|---------------|---------------|-----------|---------|---------|
| SURF | 9+7/8 | 7+0/0 | 17 | 12 | 450 | 180 | 450 | 0 |
| 1ST | 6+1/4 | 4+1/2 | 10.5 | 12 | 3,000 | 80 | 3,000 | 1,600 |

32. BOP Equipment Type: Annular Preventer Double Ram Rotating Head None

33. Comments NO CONDUCTOR CASING WILL BE USED. THE PREFORATED INTERVAL IS ESTIMATED TO BE SHALLOWER THAN 2500 FEET.

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: 9/21/2011 Email: jaldstadt@blackravenenergy.

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 | Permit Number: _____ | Expiration Date: _____ |
| 05 | 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 |
|-------------|--------------------|
| 400204287 | FORM 2 SUBMITTED |
| 400204288 | WELL LOCATION PLAT |
| 400204289 | TOPO MAP |

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)

BMP

| <u>Type</u> | <u>Comment</u> |
|-------------|----------------|
| | |

Total: 0 comment(s)