| FORM 5 Rev 02/08 | **State of Colorado** **Oil and Gas Conservation Commission** 1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109 | | DE | ET | OE | ES |

DRILLING COMPLETION REPORT

Document Number: 400529874

Date Received:

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 05-095-06394-00

6. County: PHILLIPS

7. Well Name: On The Brink Well Number: 843-3-14

8. Location: QtrQtr: SWSW Section: 3 Township: 8N Range: 43W Meridian: 6

Footage at surface: Distance: 356 feet Direction: FSL Distance: 406 feet Direction: FWL

As Drilled Latitude: 40.687167 As Drilled Longitude: -102.143111

GPS Data:

Data of Measurement: 04/14/2012 PDOP Reading: 2.2 GPS Instrument Operator's Name: Bob McCormick

** If directional footage at Top of Prod. Zone Dist.: ___ feet. Direction: ___ Dist.: ___ feet. Direction: ___

Sec: ___ Twp: ___ Rng: ___

** If directional footage at Bottom Hole Dist.: ___ feet. Direction: ___ Dist.: ___ feet. Direction: ___

Sec: ___ Twp: ___ Rng: ___

9. Field Name: AMHERST 10. Field Number: 2480

11. Federal, Indian or State Lease Number: ___

12. Spud Date: (when the 1st bit hit the dirt) 12/27/2011 13. Date TD: 01/09/2012 14. Date Casing Set or D&A: 01/09/2012

15. Well Classification:

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

16. Total Depth MD 2685 TVD** ___ 17 Plug Back Total Depth MD 2628 TVD** ___

18. Elevations GR 3667 KB 3679 | 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+7/0	7	17	0	473	105	0	473	
1ST	6+1/4	4+1/2	11.6	0	2,669	75	1,930	2,669	

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date:					
Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

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	2,357	2,397	☐	☐	
NIOBRARA	2,404	2,442	☐	☐	

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@enerjexresources.com

Attachment Check List

Att Doc Num	Document Name	attached ?			

Attachment Checklist

400529915	CMT Summary *	Yes	☒	No	☐
	Core Analysis	Yes	☐	No	☒
	Directional Survey **	Yes	☐	No	☒
	DST Analysis	Yes	☐	No	☒
	Logs	Yes	☒	No	☐
	Other	Yes	☐	No	☒

Other Attachments

400529876	LAS-	Yes	☒	No	☐
400529959	WELLBORE DIAGRAM	Yes	☒	No	☐

General Comments

User Group	**Comment**	**Comment Date**

Total: 0 comment(s)