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Document Number:  
2237914

Date Received:  
09/20/2012

**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 4. Contact Name: MADELEINE LARIVIERE  
 2. Name of Operator: BLACK RAVEN ENERGY INC Phone: (303) 308-1330X106  
 3. Address: 1331 17TH STREET - #350 Fax: (303) 308-1590  
 City: DENVER State: CO Zip: 80202

5. API Number 05-095-06161-00 6. County: PHILLIPS  
 7. Well Name: BRINKEMA Well Number: 943-32-21  
 8. Location: QtrQtr: NENW Section: 32 Township: 9N Range: 43W Meridian: 6  
 Footage at surface: Distance: 900 feet Direction: FNL Distance: 2600 feet Direction: FWL  
 As Drilled Latitude: 40.717330 As Drilled Longitude: -102.161160

GPS Data:  
 Date of Measurement: 07/28/2012 PDOP Reading: 2.4 GPS Instrument Operator's Name: KEVIN 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: WILDCAT 10. Field Number: 99999  
 11. Federal, Indian or State Lease Number: \_\_\_\_\_

12. Spud Date: (when the 1st bit hit the dirt) 11/11/2011 13. Date TD: 11/15/2011 14. Date Casing Set or D&A: 11/15/2011

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 2679 TVD\*\* \_\_\_\_\_ 17 Plug Back Total Depth MD \_\_\_\_\_ TVD\*\* \_\_\_\_\_

18. Elevations GR 3670 KB 3682 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 DI

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	459	98	0	464	CALC
OPEN HOLE				464	2,679				

**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:

<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	2,363	2,393	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	2,409	2,447	<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: 9/4/2012 Email: MLARIVIERE@BLACKRAVENENERGY.COM

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
1175897	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
2237914	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2518683	DENS/NEU - IND - LAS	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date
Engineer	Emailed operator for SC cement ticket.	12/24/2013 9:10:50 AM
Permit	Attached LAS log.	10/21/2013 2:47:58 PM
Permit	Requested LAS log.	10/21/2013 2:40:51 PM
Permit	Has form 6 # 2237909	3/12/2013 10:32:40 AM

Total: 4 comment(s)