

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



FOR OGCC USE ONLY

Document Number:

2363810

Date Received:

08/07/2014

INJECTION WELL PERMIT APPLICATION

Submit a completed Form 33 with or after approval obtained on Form 31 (Underground Injection Permit Application) or you must have a previously approved injection Well Permit.

1. Operator may not commence injection into this well until this form is approved.
2. Each individual injection well must be approved by this form.

OPERATOR INFO

OGCC Operator Number: 10203	Contact Name and Telephone:
Name of Operator: BLACK RAVEN ENERGY INC	Name: DAVID KUNOVIC
Address: 165 S UNION BLVD SUITE 410	Phone: (303) 3081330X117 Fax: (303) 3081590
City: LAKEWOOD State: CO Zip: 80228	Email: dkunovic@enerjexresources.com

Well Name and Number: Davis, R.Y. 4	API No: 05-087-05464-00
UIC Facility No: 150146 (as assigned on an approved Form 31)	
Facility Name:	Operator Name: BLACK RAVEN ENERGY INC
Field Name and Number: ADENA 700	County:
QtrQtr: SESW Sec: 19 Twp: 1N Range: 57W Meridian: 6	

CURRENT WELLBORE INFORMATION

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top	Status
SURF		8+5/8	24	0	109	75	109	0	
1ST		5+1/2	15.5	0	5668	225	5668	4300	CBL

Current Work Date:

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

Plug Back Total Depth: 5660 Tubing Depth: 5540 Packer Depth: 5530

JSND Formation Gross Perforation Interval: 5585 to 5648

Formation Gross Perforation Interval: to

Formation Open Hole Interval(if any): to

List below all Plugs, Bridge Plugs, Stage Cementing or Squeeze Work performed on this wellbore:

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Describe below any changes to the wellbore which will be made upon conversion (includes but not limited to changes of tubing and packer setting depths, any additional squeeze work for aquifer protection or casing leaks, setting of bridge plugs to isolate non-injection formations).

J SAND WILL BE RE-PERFED FROM 5585-5648 (6SPF)
INJECTION PACKER AND 2 3/8" TUBING WILL BE SET APPROXIMATELY 50 FT ABOVE PERFS

Operator Comments:

THIS FORM 33 IS BEING SUBMITTED WITH A FORM 2 AND A CURRENT AND PROPOSED WELLBORE DIAGRAM.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: DAVID KUNOVIC

Signed: _____ Title: VP EXPLORATION Date: 8/7/2014 12:00:00 AM

OGCC Approved:  _____ Title: _____ Date: 4/13/2015 2:07:24 PM

MAX. SURFACE INJECTION PRESSURE: _____ If Disposal Well, MAX. INJECTION VOL. LIMIT: _____

CONDITIONS OF APPROVAL, IF ANY:

COA Type Description

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Attachment Check List

Att Doc Num Name

2363809	WELLBORE DIAGRAM
2363810	FORM 33 SUBMITTED
2363811	CORRESPONDENCE

Total Attach: 3 Files

General Comments

User Group Comment Comment Date

UIC	Well returned to production. Operator withdrawing injection well application.	4/13/2015 2:03:59 PM
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Total: 1 comment(s)