

FORM

2

Rev
12/05

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

2063091

Plugging Bond Surety

20060108

APPLICATION FOR PERMIT TO:

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

2. TYPE OF WELL

OIL GAS COALBED OTHER SWD
SINGLE ZONE MULTIPLE ZONE COMMINGLE ZONE

Refiling

Sidetrack

3. Name of Operator: ORION ENERGY PARTNERS LP 4. COGCC Operator Number: 10101

5. Address: 1675 BROADWAY STE 2000

City: DENVER State: CO Zip: 80202

6. Contact Name: STEVEHAHN Phone: (303)595-3030 Fax: (303)595-3043

Email: _____

7. Well Name: KOKOPELLI SWD Well Number: 9-12D

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

9. Proposed Total Measured Depth: 8229

WELL LOCATION INFORMATION

10. QtrQtr: NESE Sec: 8 Twp: 6S Rng: 91W Meridian: 6

Latitude: 39.541716 Longitude: -107.572606

Footage at Surface: 2410 FNL/FSL FSL 907 FEL/FWL FWL

11. Field Name: KOKOPELLI Field Number: 47525

12. Ground Elevation: 6554 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 04/29/2008 PDOP Reading: 2.0 Instrument Operator's Name: LAUREN VANCE

15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**

Footage at Top of Prod Zone: FNL/FSL 660 FNL 660 FWL 660 FNL 660 FWL 660 FWL

Bottom Hole: FNL/FSL 660 FNL 660 FWL 660 FNL 660 FWL 660 FWL

Sec: _____ Twp: _____ Rng: _____ Sec: 9 Twp: 6S Rng: 91W

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: 2548

18. Distance to nearest property line: 282 19. Distance to nearest well permitted/completed in the same formation: 3437

20. 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.)
CORCORAN	CRGRN	513-4		
COZZETTE	COZZ	513-4		

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 Bon \$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):
SEE ATTACHED MAP

25. Distance to Nearest Mineral Lease Line: 649 26. Total Acres in Lease: 1040

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 27 or 28 are yes, is this location in a sensitive area (Rule 903)? Yes No **If 28, 29, or 30 are "Yes" a pit permit may be required.**

31. Mud disposal: Offsite Onsite

Method: Land Farming Land Spreading Disposal Facility Other: _____

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	Weight Per Foot	Setting Depth	Sacks Cement	Cement Bottom	Cement Top
CONDUCTOR	24	16	65	70	100	70	0
SURF	13+1/2	9+5/8	36	1,500	872	1,500	0
1ST	8+3/4	5+1/2	17	8,229	835	8,229	2,000

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

33. Comments WELL IS LOCATED ON JOLLEY 8-1 PAD. FORM 2A DOC # 2063089.

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: Y Print Name: STEVE HAHN

Title: ANALYST Date: 4/3/2009 Email: SHAHN@ORIONEP.COM

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: David & Neslin Director of COGCC Date: 7/20/2009

API NUMBER 05 045 18532 00	Permit Number: <u>20092490</u>	Expiration Date: <u>7/6/2010</u>
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CONDITIONS OF APPROVAL, IF ANY: _____

Condition of Approval

Comment	User Name	Comment Date
Agency		
NO CONDITIONS FOUND		07/02/2009
24 HOUR SPUD NOTICE REQUIRED. E-MAIL: DAVID.ANDREWS@STATE.CO.US GARFIELD COUNTY RULISON FIELD NOTICE TO OPERATORS. NOTE: ALL NOTICES SHALL BE GIVEN VIA E-MAIL. SEE ATTACHED NOTICE NEW MAMM CREEK FIELD NOTICE TO OPERATORS APPLIES TO THIS WELL. NOTE: ALL NOTICES SHALL BE GIVEN VIA E-MAIL. SEE ATTACHED NOTICE THE MOISTURE CONTENT OF ANY DRILL CUTTINGS IN A CUTTINGS PIT, TRENCH, OR PILE SHALL BE AS LOW AS PRACTICABLE TO PREVENT ACCUMULATION OF LIQUIDS GREATER THAN DE MINIMIS AMOUNTS. AT THE TIME OF CLOSURE, THE DRILL CUTTINGS MUST ALSO MEET THE APPLICABLE STANDARDS OF TABLE 910-1. THE PROPOSED SURFACE CASING IS MORE THAN 50' BELOW THE DEPTH OF THE DEEPEST WATER WELL WITHIN 1MILE OF THE SURFACE LOCATION WHEN CORRECTED FOR ELEVATION DIFFERENCES. THE DEEPEST WATER WELL WITHIN 1 MILE IS __415__ FEET DEEP. THE OPERATOR SHALL COMPLY WITH RULE 321. AND IT SHALL BE THE OPERATOR'S RESPONSIBILITY TO ENSURE THAT THE WELLBORE COMPLIES WITH SETBACK REQUIREMENTS IN COMMISSION ORDERS OR RULES PRIOR TO PRODUCING THE WELL. APPROVAL OF THIS FORM DOES NOT AUTHORIZE INJECTION. AUTHORIZATION TO INJECT REQUIRES APPROVAL OF FORM 31 AND FORM 33. NOTE: ALL NOTICES SHALL BE GIVEN VIA E-MAIL: DAVID.ANDREWS@STATE.CO.US ALL CONDITIONS OF APPROVAL ON THE JOLLEY #8-1 PAD FORM 2A SHALL APPLY TO THIS WELL.		07/02/2009

Attachment Check List

Att Doc Num	Name	Doc Description	Op. Check	File Size
1710433	DEVIATED DRILLING PLAN			
1710434	MINERAL LEASE MAP			
1710443	COPY OF TOPO MAP			
2063092	WELL LOCATION PLAT			

Total Attach: 4 Files