

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:
400006871
Plugging Bond Surety
19970026

APPLICATION FOR PERMIT TO:

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

2. TYPE OF WELL
 OIL GAS COALBED OTHER _____
 SINGLE ZONE MULTIPLE ZONE COMMINGLE ZONE

Refiling
Sidetrack

3. Name of Operator: MERIT ENERGY COMPANY 4. COGCC Operator Number: 56565
 5. Address: 13727 NOEL ROAD STE 500
 City: DALLAS State: TX Zip: 75240
 6. Contact Name: Michal White Phone: (972)628.1658 Fax: (972)628.1958
 Email: Michal.White@meritenergy.com
 7. Well Name: Linhart Well Number: 5
 8. Unit Name (if appl): _____ Unit Number: _____
 9. Proposed Total Measured Depth: 7461

WELL LOCATION INFORMATION

10. QtrQtr: NWNW Sec: 33 Twp: 5N Rng: 66W Meridian: 6
 Latitude: 40.361890 Longitude: -104.791360
 Footage at Surface: 494 FNL/FSL FNL 768 FEL/FWL FWL
 11. Field Name: Wattenberg Field Number: 90750
 12. Ground Elevation: 4810 13. County: WELD

14. GPS Data:
Date of Measurement: 07/22/2008 PDOP Reading: 3.8 Instrument Operator's Name: Robert D. Thomas

15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**
 Footage at Top of Prod Zone: FNL/FSL 55 FSL 1318 FWL FWL Bottom Hole: FNL/FSL 55 FSL 1318 FWL FWL
 Sec: 28 Twp: 5N Rng: 66W Sec: 28 Twp: 5N Rng: 66W

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: 500
 18. Distance to nearest property line: 499 19. Distance to nearest well permitted/completed in the same formation: 809

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-Codell	NBCD	407.87	160	Sec33N2NW4Sec28S2SW4

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):
N/2 NW/4, Sec. 33, T5N-R66W

25. Distance to Nearest Mineral Lease Line: _____ 494 _____ 26. Total Acres in Lease: _____ 80 _____

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
SURF	12+1/4	8+5/8	24#	420	300	420	
1ST	7+7/8	4+1/2	11.6#	7,461	650	7,461	

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

33. Comments _____

34. Location ID: 332846

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: Michal Karam White

Title: Regulatory Analyst Date: _____ Email: Michal.White@meritenergy.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: _____ Director of COGCC Date: _____

API NUMBER 05 123 26003 00	Permit Number: _____ Expiration Date: _____
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CONDITIONS OF APPROVAL, IF ANY: _____

Attachment Check List

Att Doc Num	Name	Doc Description
400008570	WELL LOCATION PLAT	Linhart 5 Well Location Survey.pdf
400008571	TOPO MAP	Linhart 5 Topo Map.pdf
400008572	PROPOSED SPACING UNIT	Linhart 5 Spacing Packet.pdf
400008573	SURFACE AGRMT/SURETY	Linhart 5 SUA.pdf
400008574	30 DAY NOTICE LETTER	Linhart 5 30 Day Letter.pdf
400008575	DEVIATED DRILLING PLAN	Linhart 5 Directional Survey.pdf
400008576	CORRESPONDENCE	Linhart 5 Letter to Commissioner.pdf

Total Attach: 7 Files