

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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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

Document Number:
1691552
Plugging Bond Surety
20010102

3. Name of Operator: PETRO-CANADA RESOURCES (USA) INC 4. COGCC Operator Number: 72085

5. Address: 999 18TH ST STE 600
City: DENVER State: CO Zip: 80202-2499

6. Contact Name: SUSANMILLER Phone: (303)297-2300 Fax: (303)297-7708
Email: SUSAN.MILLER@PETRO-CANADA.COM

7. Well Name: SHABLE Well Number: 14-22

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

9. Proposed Total Measured Depth: 7250

WELL LOCATION INFORMATION

10. QtrQtr: NWNW Sec: 14 Twp: 7N Rng: 64W Meridian: 6
Latitude: 40.578640 Longitude: -104.523730

Footage at Surface: 656 FNL/FSL FNL 661 FEL/FWL FWL

11. Field Name: WATTENBERG Field Number: 90750

12. Ground Elevation: 4814 13. County: WELD

14. GPS Data:

Date of Measurement: 05/06/2008 PDOP Reading: 2.1 Instrument Operator's Name: M ROBERT

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

Footage at Top of Prod Zone: FNL/FSL _____ FEL/FWL _____ Bottom Hole: FNL/FSL _____ FEL/FWL _____

Sec: _____ Twp: _____ Rng: _____ Sec: _____ Twp: _____ Rng: _____

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: 401

18. Distance to nearest property line: 200 19. Distance to nearest well permitted/completed in the same formation: 930

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.)
NIOBRARA-CODELL	NB-CD		80	W/2NW

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):
7-64: SECTION 14: NW/4

25. Distance to Nearest Mineral Lease Line: 656 26. Total Acres in Lease: 160

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	26	670	480	670	0
1ST	7+7/8	4+1/2	11.6	7,250	1,057	7,250	670

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

33. Comments CONDUCTOR CASING WILL NOT BE UTILIZED. NO CHANGES TO LOCATION SINCE ORIGINAL SUBMITTAL.

34. Location ID: 302250

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: SUSAN.MILLER

Title: REG ANALYST Date: 7/7/2009 Email: SUSAN.MILLER@PETRO-CA

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 S. Nashin Director of COGCC Date: 9/29/2009

API NUMBER
05 123 28014 00

Permit Number: _____ Expiration Date: 9/28/2010

CONDITIONS OF APPROVAL, IF ANY: _____

Condition of Approval

Comment

Agency

1. Provide 24 hr notice of spud to Ed Binkley at 970-506-9834 or e-mail at ed.binkley@state.co.us . 2. Set surface casing to 670' minimum, per Rule 317d, cement to surface. Setting surface casing less than the approved depth is a permit violation unless prior written approval is obtained from the COGCC.

3) If completed, provide cement coverage from TD to a minimum of 200' above the Niobrara. Verify coverage with cement bond log. 4) If dry hole, 40 sks cement 50' above Niobrara top, 50 sks cement ½ out, ½ in surface casing, 10 sks cement top of surface casing, cut 4' below GL, weld on plate, 5 sks cement in rat hole 5 sks cement in mouse hole. Restore location.

Attachment Check List

Att Doc Num	Name	Doc Description
1691552	APD ORIG & 1 COPY	LF@2095626 1691552
1691553	WELL LOCATION PLAT	LF@2095627 1691553
1691554	TOPO MAP	LF@2095628 1691554
1691555	SURFACE AGRMT/SURETY	LF@2095629 1691555

Total Attach: 4 Files