

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:
1808421
Plugging Bond Surety

3. Name of Operator: RED WILLOW PRODUCTION CO 4. COGCC Operator Number: 81295

5. Address: P O BOX 369
City: IGNACIO State: CO Zip: 81137

6. Contact Name: ANGELASIMONS Phone: (970)563-5163 Fax: (970)563-5161
Email: ASIMONS@RWPC.US

7. Well Name: SOUTH Fc 32-8 Well Number: 9-10

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

9. Proposed Total Measured Depth: 4503

WELL LOCATION INFORMATION

10. QtrQtr: SESE Sec: 9 Twp: 32N Rng: 8W Meridian: N
Latitude: 37.027390 Longitude: -107.718080

Footage at Surface: 970 FNL/FSL FSL 1275 FEL/FWL FEL

11. Field Name: IGNACIO BLANCO Field Number: 38300

12. Ground Elevation: 7091 13. County: LA PLATA

14. GPS Data:

Date of Measurement: 07/18/2006 PDOP Reading: 3.0 Instrument Operator's Name: SCOTT WIEBE

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

Footage at Top of Prod Zone: FNL/FSL 2337 FSL 351 FEL 351 FEL/FWL 2560 FSL 200 FEL 200
Sec: 9 Twp: 32N Rng: 8W Sec: 9 Twp: 32N Rng: 8W

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: 3

18. Distance to nearest property line: 2 19. Distance to nearest well permitted/completed in the same formation: 1855

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.)
FRUITLAND COAL	FRLDC	112-190	320	E2

21. Mineral Ownership: Fee State Federal Indian Lease #: 14-20-151-26

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):
SEC 3,4,9 & 10 T32N R8W

25. Distance to Nearest Mineral Lease Line: 970 26. Total Acres in Lease: 2560

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: EVAPORATION & BURIAL

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	500	350	500	0
1ST	7+7/8	5+1/2	17	4,503	835	4,503	0

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

33. Comments NO CONDUCTOR CASING WILL BE USED. ACHED LEASE AND SURFACE USE AGREEMENT. SEE LEASE COPY ATTACHED.

34. Location ID: 333880

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: JAMES B. KEENER

Title: DRILLING & PROD. MGR Date: 9/23/2009 Email: ASIMONS@RWPC.US

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: 10/14/2009

API NUMBER 05 067 09398 00	Permit Number: _____	Expiration Date: <u>10/13/2010</u>
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CONDITIONS OF APPROVAL, IF ANY: _____

Condition of Approval

Comment

Agency

None - Tribal

Attachment Check List

Att Doc Num	Name	Doc Description
1808421	APD ORIG & 1 COPY	LF@2150288 1808421
1857038	SELECTED ITEMS REPORT	LF@2159590 1857038

Total Attach: 2 Files