

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:
1808463

Plugging Bond Surety

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: RUNNING FOXES PETROLEUM INC 4. COGCC Operator Number: 10221

5. Address: 7060 SOUTH TUCSON WAY - STE B
City: CENTENNIAL State: CO Zip: 80112

6. Contact Name: MONTE MADSEN Phone: (720)889-0510 Fax: (303)617-7442
Email: MMADSEN@ATOKA.COM

7. Well Name: CRAIG Well Number: 16-32

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

9. Proposed Total Measured Depth: 8000

WELL LOCATION INFORMATION

10. QtrQtr: SESE Sec: 32 Twp: 13S Rng: 55W Meridian: 6
Latitude: 38.867150 Longitude: -103.573340

Footage at Surface: 660 FNL/FSL FSL 660 FEL/FWL FEL

11. Field Name: WILDCAT Field Number: 99999

12. Ground Elevation: 5111 13. County: LINCOLN

14. GPS Data:

Date of Measurement: 04/10/2009 PDOP Reading: 1.8 Instrument Operator's Name: ROBERT J. RUBINO

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: 3619

18. Distance to nearest property line: 2087 19. Distance to nearest well permitted/completed in the same formation: 1363

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.)
ARBUCKLE	ABCK			
MISSISSIPPIAN	MSSP			
PENNSYLVANIA	PENN			

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):
SECTION 32, T13S, R55W (PLUS ADDITIONAL) SEE MINERAL LEASE MAP.

25. Distance to Nearest Mineral Lease Line: 2087 26. Total Acres in Lease: 11460

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: PIT DRY

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	17+1/2	13+3/8	48	400	350	400	0
1ST	8+3/4	7+2/8	26	8,000	500	8,000	3,100

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

33. Comments #19 ABOVE: CRAIG 15-32 IS 1363' TO THE WEST. NO CONDUCTOR CASING WILL BE USED.

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: _____ Print Name: STEVEN A. TEDESCO

Title: PRESIDENT Date: _____ Email: STEDESCO@RUNNINGFOXE

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	Permit Number: _____	Expiration Date: _____
05	CONDITIONS OF APPROVAL, IF ANY:	

Attachment Check List

Att Doc Num	Name	Doc Description
1808463	APD ORIG & 1 COPY	LF@2158652 1808463
1808477	30 DAY NOTICE LETTER	LF@2158655 1808477
1808478	WAIVERS	LF@2158656 1808478
1808479	WELL LOCATION PLAT	LF@2158653 1808479
1808480	TOPO MAP	LF@2158654 1808480
1808481	MINERAL LEASE MAP	LF@2158723 1808481

Total Attach: 6 Files