

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:

2097663

Plugging Bond Surety

3. Name of Operator: RED WILLOW PRODUCTION COMPANY

4. COGCC Operator Number: 81295

5. Address: P O BOX 369

City: IGNACIO State: CO Zip: 81137

6. Contact Name: ANGELASIMONS Phone: (970)563-5166 Fax: (970)563-5161

Email: ASIMMONS@RWPC.US

7. Well Name: SO UTE FC 32-8 Well Number: 10-15

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

9. Proposed Total Measured Depth: 4438

WELL LOCATION INFORMATION

10. QtrQtr: SENE Sec: 10 Twp: 32N Rng: 8W Meridian: N

Latitude: 37.033590 Longitude: -107.698700

Footage at Surface: 2005 FNL/FSL FNL 920 FEL/FWL FEL

11. Field Name: IGNACIO BLANCO Field Number: 38300

12. Ground Elevation: 7150 13. County: LA PLATA

14. GPS Data:

Date of Measurement: 07/20/2006 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 453 FNL 696 FEL 200 FNL 660 FEL
Sec: 10 Twp: 32N Rng: 8W Sec: 10 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: 6

18. Distance to nearest property line: 2 19. Distance to nearest well permitted/completed in the same formation: 1860

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 #: 142015126

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. 4,3, 9 & 10 T32N R8W

25. Distance to Nearest Mineral Lease Line: 660 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	4,438	824	4,438	0

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

33. Comments NO CONDUCTOR CASING WILL BE USED. NO CHANGES HAVE BEEN MADE TO ORIGINAL APD.

34. Location ID: 333918

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: 10/22/2009 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 S. Nashin Director of COGCC Date: 10/29/2009

API NUMBER 05 067 09412 00	Permit Number: _____	Expiration Date: <u>10/28/2010</u>
CONDITIONS OF APPROVAL, IF ANY: _____		

Condition of Approval

Comment

Agency

NONE - TRIBAL

Attachment Check List

Att Doc Num	Name	Doc Description
1857053	SELECTED ITEMS REPORT	LF@2168954 1857053
2097663	APD ORIGINAL	LF@2164444 2097663
400011159	FORM 2 SUBMITTED	LF@2166756 400011159

Total Attach: 3 Files