

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



DE ET OE ES

Document Number:

1692964

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: PAINE* JOSEPH J.C.

4. COGCC Operator Number: 10317

5. Address: BOX #2

City: DENVER State: CO Zip: 80206

6. Contact Name: JOSEPH PAINE Phone: (303)329-7929 Fax: (719)442-6487

Email: CJOHNSON@PETRO-FS.COM

7. Well Name: JOSEPH J.C. PAINE

Well Number: NO. 1

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

9. Proposed Total Measured Depth: 8500

WELL LOCATION INFORMATION

10. QtrQtr: SENE Sec: 7 Twp: 3S Rng: 65W Meridian: 6

Latitude: 39.807520 Longitude: -104.699060

Footage at Surface: 1980 FNL/FSL FNL 600 FEL/FWL FEL

11. Field Name: SECOND CREEK Field Number: 76900

12. Ground Elevation: 5376 13. County: ADAMS

14. GPS Data:

Date of Measurement: 07/24/2009 PDOP Reading: 6.0 Instrument Operator's Name: TRAVIS KRAICH

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: 1980

18. Distance to nearest property line: 600 19. Distance to nearest well permitted/completed in the same formation: 13950

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.)
D-SAND	DSND			
DAKOTA	DKTA			
J-SAND	JSND			
NIORARA/CODELL	NB-CD			

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#: 2009

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. 7, T3S, R65W: ALL

25. Distance to Nearest Mineral Lease Line: 600 26. Total Acres in Lease: 640

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	1,700	1,050	1,700	0
1ST	7+7/8	5+1/2	15.5	8,500	600	8,500	

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

33. Comments NO CONDUCTOR CASING WILL BE SET IN THIS DRILLING PLAN. PLEASE CONTACT CHERYL JOHNSON 303/9218-7128 FOR QUESTIONS REGARDING THIS APPLICATION.

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: CHERYL JOHNSON

Title: REGULATORY Date: _____ Email: CJOHNSON@PETRO-FS.CO

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: _____

Permit Number: _____ Expiration Date: _____

API NUMBER

05

CONDITIONS OF APPROVAL, IF ANY:

Attachment Check List

Att Doc Num	Name	Doc Description
1692964	APD ORIGINAL	LF@2172027 1692964
1692965	WELL LOCATION PLAT	LF@2172028 1692965
1692966	CONST. LAYOUT DRAWINGS	LF@2172029 1692966
1692967	TOPO MAP	LF@2172030 1692967
1692969	30 DAY NOTICE LETTER	LF@2172031 1692969

Total Attach: 5 Files