

FORM

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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:

1759459

Plugging Bond Surety

20010102

3. Name of Operator: PETRO-CANADA RESOURCES (USA) INC 4. COGCC Operator Number: 720855. Address: 999 18TH ST STE 600City: DENVER State: CO Zip: 80202-24996. Contact Name: SUSAN MILLER Phone: (303)297-2300 Fax: (303)297-7708Email: SUMILLER@SUNCOR.COM7. Well Name: SUSAN MILLER Well Number: 25-24

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

9. Proposed Total Measured Depth: 7550

WELL LOCATION INFORMATION

10. QtrQtr: SENW Sec: 25 Twp: 7N Rng: 66W Meridian: 6Latitude: 40.548660 Longitude: -104.727230Footage at Surface: 1804 FNL/FSL FNL 2200 FEL/FWL FWL11. Field Name: WATTENBERG Field Number: 9075012. Ground Elevation: 4864 13. County: WELD

14. GPS Data:

Date of Measurement: 06/21/2007 PDOP Reading: 2.3 Instrument Operator's Name: M. ROBERT15. 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 No17. Distance to the nearest building, public road, above ground utility or railroad: 204018. Distance to nearest property line: 684 19. Distance to nearest well permitted/completed in the same formation: 1920

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.)
CODELL/NIOBRARA	NB-CD	UNMAPPED	80	E/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):
7-66 SECTION 25: NW

25. Distance to Nearest Mineral Lease Line: 1804 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	540	387	540	0
1ST	7+7/8	4+1/2	11.6	7,550	1,123	7,550	540

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

33. Comments CONDUCTOR CASING WILL NOT BE UTILIZED. SEE ITEM NO. 10 OF SUA FOR WAIVER OF 30-DAY NOTICE.

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: SUSAN MILLER

Title: REGULATORY Date: _____ Email: SUMILLER@SUNCOR.COM

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 05 123 26367 00	Permit Number: _____ Expiration Date: _____
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CONDITIONS OF APPROVAL, IF ANY: _____

Attachment Check List

Att Doc Num	Name	Doc Description
1759459	APD ORIGINAL	LF@2166994 1759459
1759461	WELL LOCATION MAP	LF@2166996 1759461
1759465	SURFACE AGRMT/SURETY	LF@2166998 1759465

Total Attach: 3 Files