

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:

400006188

Plugging Bond Surety

3. Name of Operator: TEXAS AMERICAN RESOURCES COMPANY 4. COGCC Operator Number: 101385. Address: 410 17TH STREET SUITE 1610City: DENVER State: CO Zip: 802026. Contact Name: Melissa Lasley Phone: (720)279-6805 Fax: (303)592-3030Email: mlasley@texasarc.com7. Well Name: Champlin Danford Well Number: 43-32

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

9. Proposed Total Measured Depth: 8300

WELL LOCATION INFORMATION

10. QtrQtr: NESE Sec: 32 Twp: 2S Rng: 64W Meridian: 6Latitude: 39.832120 Longitude: -104.566250Footage at Surface: 2166 FNL/FSL FSL 478 FEL/FWL FEL11. Field Name: Wattenberg Field Number: 9075012. Ground Elevation: 5406 13. County: ADAMS

14. GPS Data:

Date of Measurement: 06/17/2009 PDOP Reading: 1.9 Instrument Operator's Name: Steven Lund15. 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: 49018. Distance to nearest property line: 478 19. Distance to nearest well permitted/completed in the same formation: 988

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	unspaced	320	E/2
J Sand	JSND	232	320	E/2

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):
S32-T2S-R64W (E/2): SUA Paragraph 9 Waives notice. SUA is attached.

25. Distance to Nearest Mineral Lease Line: 600 26. Total Acres in Lease: 320

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: TBD

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
CONDUCTOR							
SURF	12+1/4	8+5/8	24	1,750	1,200	1,750	
2ND	7+7/8	4+1/2	11.6	8,300	400	8,300	7,019

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

33. Comments There are no PR wells with in the 400'x400' window. Surface owners waived ntoice requirments in SUA Paragraph 9

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: Melissa Lasley

Title: Operations Analyst Date: 10/14/2009 Email: mlasley@texasarc.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 05 001 09656 00	Permit Number: _____ Expiration Date: _____
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CONDITIONS OF APPROVAL, IF ANY: _____

Attachment Check List

Att Doc Num	Name	Doc Description
400006249	SURFACE AGRMT/SURETY	Champlin Daford 43-32 SUA.pdf
400006253	WELL LOCATION PLAT	Champlin-Danford 43-32PL.pdf

Total Attach: 2 Files