

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 UIC-DISPOSAL
SINGLE ZONE MULTIPLE ZONE COMMINGLE ZONE

Refilling
Sidetrack

Document Number:

1712439

Plugging Bond Surety

3. Name of Operator: WHITING OIL AND GAS CORPORATION 4. COGCC Operator Number: 96155

5. Address: 1700 BROADWAY STE 2300
City: DENVER State: CO Zip: 80290

6. Contact Name: SCOTTWEBB Phone: (303)390-4095 Fax: (303)390-4096
Email: SCOTTW@WHITING.COM

7. Well Name: FEDERAL Well Number: 397 3-1

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

9. Proposed Total Measured Depth: 6950

WELL LOCATION INFORMATION

10. QtrQtr: SEW Sec: 3 Twp: 3S Rng: 97W Meridian: 6

Latitude: 39.818493 Longitude: -108.266984

Footage at Surface: 2552 FNL/FSL FNL 2326 FEL/FWL FWL

11. Field Name: SULPHUR CREEK Field Number: 80090

12. Ground Elevation: 6681 13. County: RIO BLANCO

14. GPS Data:

Date of Measurement: 06/01/2007 PDOP Reading: 2.3 Instrument Operator's Name: LARRY D. BROWN

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: 170

18. Distance to nearest property line: 2550 19. Distance to nearest well permitted/completed in the same formation: 1

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.)
FORT UNION	FTUN			
WASATCH	WSTC			

21. Mineral Ownership: Fee State Federal Indian Lease #: 14302

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):
ALL OF SECTION 3-T3S-R97W; 640 ACRES.

25. Distance to Nearest Mineral Lease Line: 2326 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
CONDUCTOR	24	20		40	90	40	0
SURF	12+1/2	13+3/8	48	295	250	295	0
1ST	12+1/4	9+5/8	36	2,941	750	2,941	
2ND	7+7/8	5+1/2	17.6	11,100	1,175	11,100	

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

33. Comments WHITING IS PLANNING TO RE-COMPLETE WELL IN THE LOWER WASATCH-FT. UNION AS A WATER DISPOSAL WELL. 80' DERRICK

34. Location ID: 315614

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: SCOTT M. WEBB

Title: REGULATORY Date: 8/17/2009 Email: SCOTTW@WHITING.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: David S. Neslin Director of COGCC Date: 11/3/2009

API NUMBER
05 103 08817 00

Permit Number: _____ Expiration Date: 11/2/2010

CONDITIONS OF APPROVAL, IF ANY:

Condition of Approval

Comment

Agency

24 HOUR SPUD NOTICE REQUIRED. E-MAIL: david.andrews@state.co.us CEMENT TOP VERIFICATION BY CBL REQUIRED. APPROVAL OF THIS FORM DOES NOT AUTHORIZE INJECTION. AUTHORIZATION TO INJECT REQUIRES APPROVAL OF FORM 31 AND FORM 33. OPERATOR MUST ENSURE 110 PERCENT SECONDARY CONTAINMENT FOR ANY VOLUME OF FLUIDS CONTAINED AT WELL SITE DURING DRILLING AND COMPLETION OPERATIONS. IF FLUIDS ARE CONVEYED VIA PIPELINE, OPERATOR MUST IMPLEMENT BEST MANAGEMENT PRACTICES TO CONTAIN ANY UNINTENTIONAL RELEASE OF FLUIDS. THE PRESENT SURFACE CASING IS MORE THAN 50' BELOW THE DEPTH OF THE DEEPEST WATER WELL WITHIN 1-MILE OF THE SURFACE LOCATION WHEN CORRECTED FOR ELEVATION DIFFERENCES. THE DEEPEST WATER WELL WITHIN 1-MILE IS 000 FEET DEEP.

Attachment Check List

Att Doc Num	Name	Doc Description
1712439	APD ORIGINAL	LF@2125792 1712439

Total Attach: 1 Files