

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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Document Number:

1791291

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: BLACK DIAMOND MINERALS LLC

4. COGCC Operator Number: 10244

5. Address: 1600 STOUT ST STE 1350

City: DENVER State: CO Zip: 80202

6. Contact Name: ROB VINCENT Phone: (303)973-3228 Fax: (303)346-4893

Email: RVINCENT@BDMINERALS.COM

7. Well Name: TPR Well Number: 111-6

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

9. Proposed Total Measured Depth:

WELL LOCATION INFORMATION

10. QtrQtr: SWSE Sec: 25 Twp: 7S Rng: 94W Meridian: 6

Latitude: 39.404400 Longitude: -107.832644

		FNL/FSL		FEL/FWL
Footage at Surface:	616	FSL	1893	FEL

11. Field Name: WILDCAT Field Number: 99999

12. Ground Elevation: 9129 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 08/04/2008 PDOP Reading: 3.7 Instrument Operator's Name: B. JOHNSON

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
1261	FNL	732	FWL	1261	FNL
					732
					FWL
Sec: 6	Twp: 7S	Rng: 94W	Sec: 6	Twp: 7S	Rng: 94W

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: 2486 ft

18. Distance to nearest property line: 2486 ft 19. Distance to nearest well permitted/completed in the same formation: 1734 ft

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.)
WILLIAMS FORK	WMFK	139-90		

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):
 ATTACHED TO ORIGINAL APD (FORM 2) SUBMITTED 5/5/08, APPROVED 8/13/08.

25. Distance to Nearest Mineral Lease Line: 2592 ft 26. Total Acres in Lease: 1664

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		140	10	140	0
SURF	14+3/4	9+5/8	32.3	1,500		2,100	0
1ST	7+7/8	4+1/2	11.6	10,830		11,675	

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

33. Comments SEE ATTACHED.

34. Location ID: 334457

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: ROB VINCENT

Title: VP OF OPERATIONS Date: _____ Email: RVINCENT@BDMINERALS.C

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

05 049 16947 00

Permit Number: _____ Expiration Date: _____

CONDITIONS OF APPROVAL, IF ANY: _____

All representations, stipulations and conditions of approval stated in the Form 2A for this location shall constitute representations, stipulations and conditions of approval for this Form 2 Permit-to-Drill and are enforceable to the same extent as all other representations, stipulations and conditions of approval stated in this Permit-to-Drill.

Attachment Check List

Att Doc Num	Name	Doc Description
1791291	APD ORIGINAL	LF@2176692 1791291

Total Attach: 1 Files