

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:

1759608

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: BONANZA CREEK ENERGY OPERATING COMPANY LLC 4. COGCC Operator Number: 8960

5. Address: P O BOX 21974
 City: BAKERSFIELD State: CA Zip: 93390

6. Contact Name: KERRY MCCOWEN Phone: (720)279-2330 Fax: (720)279-2331
 Email: SRW@BONANZACRK.COM

7. Well Name: WETCO FARMS Well Number: 11-4

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

9. Proposed Total Measured Depth: 7380

WELL LOCATION INFORMATION

10. QtrQtr: NWNW Sec: 4 Twp: 4N Rng: 63W Meridian: 6
 Latitude: 40.347070 Longitude: -104.449240

Footage at Surface: 594 FNL 853 FWL

11. Field Name: WATTENBERG Field Number: 90750

12. Ground Elevation: 4567 13. County: WELD

14. GPS Data:

Date of Measurement: 07/12/2006 PDOP Reading: 2.0 Instrument Operator's Name: C. CARROLL

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: 594 ft

18. Distance to nearest property line: 594 ft 19. Distance to nearest well permitted/completed in the same formation: 1120 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.)
J SAND	JSND	232-23	320	N2
NIOBRARA-CODELL	NB-CD	318a	40	NW/4 NW/4

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):
 SEC 4 T4N R63W W/2 AND ALL THAT PART OF THE E/2 LYING WEST OF A LINE PARALLEL TO AND 2159' WEST OF THE EAST LINE OF SEC 4

25. Distance to Nearest Mineral Lease Line: 594 ft 26. Total Acres in Lease: 369

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	725	290	725	0
1ST	7+7/8	4+1/2	11.6	7,340	305	7,340	5,492

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

33. Comments SUA ON FILE WITH COGCC (DOCUMENT #01493133)

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: STEPHEN R. WOLFE

Title: SR. PROD ENGR Date: _____ Email: SRW@BONANZACRK.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 22501 00	Permit Number: _____ Expiration Date: _____
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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 in this Permit-to-Drill.

Attachment Check List

Att Doc Num	Name	Doc Description
1759608	APD ORIGINAL	LF@2174867 1759608

Total Attach: 1 Files