

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:

1787183

Plugging Bond Surety

APPLICATION FOR PERMIT TO:

1. Drill, Deepen, Re-enter, Recomplete and Operate

2. TYPE OF WELL

OIL GAS COALBED OTHER HORIZONTAL
SINGLE ZONE MULTIPLE ZONE COMMINGLE ZONE

Refiling
Sidetrack

3. Name of Operator: RUBICON OIL & GAS LLC 4. COGCC Operator Number: 10303

5. Address: 508 W WALL AVE STE 500
City: MIDLAND State: TX Zip: 79701

6. Contact Name: KYLE HUDSON Phone: (303)595-7626 Fax: (303)595-7628
Email: KHUDSON@RPM-INC.ORG

7. Well Name: PAWNEE Well Number: 4-11-1

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

9. Proposed Total Measured Depth: 11800

WELL LOCATION INFORMATION

10. QtrQtr: SWSW Sec: 11 Twp: 8N Rng: 66W Meridian: 6

Latitude: 40.670050 Longitude: -104.751493

Footage at Surface: 648 FNL/FSL FSL 663 FEL/FWL FWL

11. Field Name: WILDCAT Field Number: 99999

12. Ground Elevation: 5099.6 13. County: WELD

14. GPS Data:

Date of Measurement: 09/09/2009 PDOP Reading: 2.4 Instrument Operator's Name: GNA

15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**

Footage at Top of Prod Zone: FNL/FSL 779 FSL 1051 FEL/FWL FEL Bottom Hole: FNL/FSL 1980 FSL 660 FEL/FWL FEL

Sec: 11 Twp: 8N Rng: 66W Sec: 11 Twp: 8N Rng: 66W

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: 600 ft

18. Distance to nearest property line: 648 ft 19. Distance to nearest well permitted/completed in the same formation: 6500 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.)
CODELL	CODL			
J SAND	JSND			
NIOBRARA	NBRR			

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):
SECTION 11: ALL

25. Distance to Nearest Mineral Lease Line: 660 ft 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
SURF	12+1/4	9+5/8	36	800	425	800	0
1ST	8+3/4	7	26	8,034	350	8,034	4,000
2ND	6+1/8	4+1/2	11.6	11	0	0	0

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

33. Comments NO CONDUCTOR CASING WILL BE SET.

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: KYLE HUDSON

Title: AGENT FOR RUBICON OIL Date: _____ Email: KHUDSON@RPM-INC.ORG

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	Permit Number: _____	Expiration Date: _____
05	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
1787183	APD ORIGINAL	LF@2174885 1787183
1787185	WELL LOCATION PLAT	LF@2174887 1787185
1787188	TOPO MAP	LF@2174889 1787188
1787189	SURFACE AGRMT/SURETY	LF@2174891 1787189
1787190	DEVIATED DRILLING PLAN	LF@2174893 1787190

Total Attach: 5 Files