

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



DE ET OE ES

Document Number:

1808912

Plugging Bond Surety

## APPLICATION FOR PERMIT TO:

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

## 2. TYPE OF WELL

OIL ☐ GAS ☐ COALBED ☐ OTHER INJECTIONSINGLE ZONE ☐ MULTIPLE ZONE ☒ COMMINGLE ZONE ☐Refiling ☐Sidetrack ☐3. Name of Operator: EAST CHEYENNE GAS STORAGE LLC4. COGCC Operator Number: 103225. Address: 10901 WEST TOLLER DRIVE - SUITE 200City: LITTLETON State: CO Zip: 801276. Contact Name: GREG FRANCIS Phone: (720)351-4006 Fax: (720)351-4200Email: GFRANCIS@MEPCO.US.COM7. Well Name: SCHWAKE Well Number: 1

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

9. Proposed Total Measured Depth: 5766

## WELL LOCATION INFORMATION

10. QtrQtr: SWNE Sec: 6 Twp: 11N Rng: 52W Meridian: 6Latitude: 40.959050 Longitude: -103.216230

FNL/FSL

FEL/FWL

Footage at Surface: 1652 FNL 1633 FEL11. Field Name: PEETZ WEST Field Number: 6830012. Ground Elevation: 4544 13. County: LOGAN

## 14. GPS Data:

Date of Measurement: 11/10/2009 PDOP Reading: 3.9 Instrument Operator's Name: MICHAEL FEIGENBAUM15. 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: 1603 ft18. Distance to nearest property line: 1004 ft 19. Distance to nearest well permitted/completed in the same formation: 11 mi

## 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.)
O SAND	OSND			

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):  
 LOT 1, LOT 2, SWNE, SENE, SEC.

25. Distance to Nearest Mineral Lease Line: \_\_\_\_\_ 995 ft 26. Total Acres in Lease: \_\_\_\_\_ 160

### 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: REUSED WELL TO WELL

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	13+5/8	9+5/8	25.4	219	160	219	0
1ST	9+1/2	5+1/2	15.5	5,359	250	5,269	4,778
2ND	4+3/4	4+1/2	11.6	5,766	50	5,766	5,219

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

33. Comments EXISTING STRING. SEE FORM 33 FOR MORE DETAILED DESCRIPTION. NO CONDUCTOR CASING WILL BE USED.

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: GREG FRANCIS

Title: CONSULTING GEOLOGIST Date: \_\_\_\_\_ Email: GFRANCIS@MEPCO.US.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**

05 075 07167 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
1808912	APD ORIGINAL	LF@2188343 1808912
1808914	WELL LOCATION PLAT	LF@2188344 1808914
1808915	TOPO MAP	LF@2188346 1808915
1808916	30 DAY NOTICE LETTER	LF@2188347 1808916

Total Attach: 4 Files