

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 _____
SINGLE ZONE MULTIPLE ZONE COMMINGLE ZONE Refiling Sidetrack

Document Number:

1808930

Plugging Bond Surety

3. Name of Operator: RED WILLOW PRODUCTION COMPANY 4. COGCC Operator Number: 812955. Address: P O BOX 369City: IGNACIO State: CO Zip: 811376. Contact Name: ANGELA SIMONS Phone: (970)563-5163 Fax: (970)563-5161Email: ANGELA.SIMONS@REDWILLOWPRODUCTION.COM7. Well Name: SO UTE FC 33-9 Well Number: #22-10

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

9. Proposed Total Measured Depth: 3367

WELL LOCATION INFORMATION

10. QtrQtr: NENW Sec: 22 Twp: 33N Rng: 9W Meridian: NLatitude: 37.093420 Longitude: -107.817570Footage at Surface: 1186 FNL/FSL FNL 1437 FEL/FWL FWL11. Field Name: IGNACIO BLANCO Field Number: 3830012. Ground Elevation: 6631 13. County: LA PLATA

14. GPS Data:

Date of Measurement: 04/21/2008 PDOP Reading: 3.0 Instrument Operator's Name: SCOTT WELBE15. 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 _____

1723 FNL 883 FWL 1900 FNL 700 FWLSec: 22 Twp: 33N Rng: 9W Sec: 11 Twp: 33N Rng: 9W16. Is location in a high density area? (Rule 603b)? Yes No17. Distance to the nearest building, public road, above ground utility or railroad: 1187 ft18. Distance to nearest property line: 700 ft 19. Distance to nearest well permitted/completed in the same formation: 1174 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.)
FRUITLAND COAL	FRLDC	112-190	320	W/2

21. Mineral Ownership: Fee State Federal Indian Lease #: 14-20-151-
15

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):
 NW/4, NE/4, SW/4, SEC 22 T33N R09W

25. Distance to Nearest Mineral Lease Line: 700 ft 26. Total Acres in Lease: 2493

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: EVAPORATION AND BURIA

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	500	350	500	
1ST	7+7/8	5+1/2	17	3,363	629	3,367	

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

33. Comments 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: JAMES B KEENER

Title: DRILLING & PROD MNGR Date: _____ Email: JAMESBKEENER@REDWILL

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: _____

Permit Number: _____ Expiration Date: _____

API NUMBER
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
1808930	APD ORIGINAL	LF@2189752 1808930
1808931	WELL LOCATION PLAT	LF@2189753 1808931
1808932	TOPO MAP	LF@2189780 1808932
1808933	LOCATION PICTURES	LF@2189775 1808933
1808934	DEVIATED DRILLING PLAN	LF@2189754 1808934
1808935	DRILLING PLAN	LF@2189755 1808935
2063488	SURFACE PLAN	LF@2189756 2063488
2063489	ACCESS ROAD MAP	LF@2189779 2063489
2063490	SURFACE PLAN	LF@2189778 2063490
2063491	REFERENCE AREA MAP	LF@2189776 2063491

Total Attach: 10 Files