

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:

1808921

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)563-5166 Fax: (970)563-5161Email: ASIMONS@RWPC.US7. Well Name: SOUTE FC 33-7 Well Number: 1-4

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

9. Proposed Total Measured Depth: 3236

WELL LOCATION INFORMATION

10. QtrQtr: SENW Sec: 1 Twp: 33N Rng: 7W Meridian: NLatitude: 37.136110 Longitude: -107.563890Footage at Surface: 1488 FNL/FSL FNL 1439 FEL/FWL FWL11. Field Name: IGNACIO BLANCO Field Number: 3830012. Ground Elevation: 6668 13. County: LA PLATA

14. GPS Data:

Date of Measurement: 12/03/2008 PDOP Reading: 3.0 Instrument Operator's Name: SCOTT WEIBE15. 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

1927 FNL 744 FWL 1980 FNL 660 FWLSec: 1 Twp: 33N Rng: 7W Sec: 1 Twp: 33N Rng: 7W16. Is location in a high density area? (Rule 603b)? Yes No17. Distance to the nearest building, public road, above ground utility or railroad: 200 ft18. Distance to nearest property line: 186 ft 19. Distance to nearest well permitted/completed in the same formation: 1045 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	N/2

21. Mineral Ownership: Fee State Federal Indian Lease #: MOOC14201
522

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):
T33N, R7W SEC 1: S/2, S/2N/2 SEC 2: SE, S/2NE SEC. 3: SENE, NESW SEC. 12: NENE, SWNE, SENW

25. Distance to Nearest Mineral Lease Line: 660 ft 26. Total Acres in Lease: 920

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&BURIAL

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	0
1ST	7+7/8	5+1/2	17	3,236	605	3,236	0

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: PRODUCTION Date: _____ Email: ASIMONS@RWPC.US

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
1808921	APD ORIGINAL	LF@2189757 1808921
1808922	WELL LOCATION PLAT	LF@2189758 1808922
1808923	TOPO MAP	LF@2189785 1808923
1808925	LOCATION PICTURES	LF@2189781 1808925
1808927	DEVIATED DRILLING PLAN	LF@2189759 1808927
1808928	DRILLING PLAN	LF@2189760 1808928
2063482	SURFACE PLAN	LF@2189784 2063482
2063486	SURFACE PLAN	LF@2189761 2063486
2063487	ACCESS ROAD MAP	LF@2189782 2063487
400020396	FORM 2 SUBMITTED	400020396.pdf

Total Attach: 10 Files