

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:

2093116

Plugging Bond Surety

20010023

3. Name of Operator: K P KAUFFMAN COMPANY INC4. COGCC Operator Number: 462905. Address: 1675 BROADWAY, STE 2800City: DENVER State: CO Zip: 802026. Contact Name: SHERRY GLASS Phone: (303)825-422 x11 Fax: (303)825-4825

Email: \_\_\_\_\_

7. Well Name: IFA Well Number: 16-22-38

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

9. Proposed Total Measured Depth: 7500

## WELL LOCATION INFORMATION

10. QtrQtr: SESE Sec: 22 Twp: 5N Rng: 66W Meridian: 6Latitude: 40.379500 Longitude: -104.758670
 Footage at Surface: 627 FNL/FSL FSL 675 FEL/FWL FEL
11. Field Name: WATTENBERG Field Number: 9075012. Ground Elevation: 4787 13. County: WELD

## 14. GPS Data:

Date of Measurement: 11/14/2006 PDOP Reading: 1.8 Instrument Operator's Name: JEFF RHOTEN15. If well is ☒ Directional ☐ Horizontal (highly deviated) **submit deviated drilling plan.**
 Footage at Top of Prod Zone: FNL/FSL 160 FSL 1153 FEL/FWL FEL Bottom Hole: FNL/FSL 160 FSL 1153 FEL/FWL FEL  
 Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_ Sec: 22 Twp: 5N Rng: 66W
16. Is location in a high density area? (Rule 603b)? ☐ Yes ☒ No17. Distance to the nearest building, public road, above ground utility or railroad: 627 ft18. Distance to nearest property line: 627 ft 19. Distance to nearest well permitted/completed in the same formation: 50 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.)
NIORARA-CODELL	NB-CD	407-87	160	S2SE-22,N2NE-27

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#: 20010024

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):  
SE4, SECTION 22-T5N--R66W

25. Distance to Nearest Mineral Lease Line: 160 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: \_\_\_\_\_

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	700	500	700	0
1ST	7+7/8	4+1/2	11.5	7,500	750	7,500	
			Stage Tool				

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

33. Comments NO CONDUCTOR CASING WILL BE USED. SUA NEGOTIATIONS IN PROGRESS, WILL PROVIDE SUA WHEN FINISHED. OPERATOR WILL MEET WATER WELL TESTING PER RULE 318A. FORMERLY IFA #22-44-A1, OFFSETS STRONG #2-8.

34. Location ID: 332565

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: SHERRY GLASS

Title: ENG TECH Date: \_\_\_\_\_ Email: SGLASS@KPK.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: \_\_\_\_\_

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
2063532	PROPOSED SPACING UNIT	LF@2193672 2063532
2093116	APD ORIGINAL	LF@2193792 2093116
2093117	WELL LOCATION PLAT	LF@2193793 2093117
2093118	TOPO MAP	LF@2193671 2093118
2093119	MINERAL LEASE MAP	LF@2193670 2093119
2093120	30 DAY NOTICE LETTER	LF@2193794 2093120
2093121	DEVIATED DRILLING PLAN	LF@2193795 2093121
2093122	PROPOSED SPACING UNIT	LF@2193796 2093122

Total Attach: 8 Files