

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:

2585165

Plugging Bond Surety

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 3. Name of Operator: ENERVEST OPERATING LLC 4. COGCC Operator Number: 100985. Address: 1001 FANNIN ST STE 800City: HOUSTON State: TX Zip: 770026. Contact Name: HARVEY BARNEY Phone: (713)495-6522 Fax: (713)659-5036

Email: _____

7. Well Name: COLORADO Well Number: A-9

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

9. Proposed Total Measured Depth: 5900

WELL LOCATION INFORMATION

10. QtrQtr: SWSE Sec: 9 Twp: 32N Rng: 7W Meridian: NLatitude: 37.027500 Longitude: -107.612520Footage at Surface: 1213 FNL/FSL FSL 2188 FEL/FWL FEL11. Field Name: IGNACIO BLANCO Field Number: 3830012. Ground Elevation: 6239 13. County: LA PLATA

14. GPS Data:

Date of Measurement: 04/30/2008 PDOP Reading: 3.0 Instrument Operator's Name: SCOTT WIEBE15. 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: 645 ft18. Distance to nearest property line: 3700 ft 19. Distance to nearest well permitted/completed in the same formation: 1700 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.)
MESAVERDE	MVRD	112-46	320	S/2

21. Mineral Ownership: Fee State Federal Indian Lease #: 14-20-151-04

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):
SEE ATTACHED.

25. Distance to Nearest Mineral Lease Line: 450 ft 26. Total Acres in Lease: 1000

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	400	230	400	0
1ST	8+3/4	7	23	3,450	360	3,450	0
2ND	6+1/4	4+1/2	11.6	5,900	150	5,900	0

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

33. Comments NO CHANGES SINCE PREVIOUS SUBMITTAL. PAD EXPANSION HAS NOT BEEN CONSTRUCTED. NO CONDUCTOR CASING. WELL WILL BE MUDDRILLED TO 3450' AND AIR DRILLED TO TD.

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: TIM G. KELLEY

Title: AGENT Date: _____ Email: TIM@FINNEYLAND.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 05 067 08904 00	Permit Number: _____	Expiration Date: _____
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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
2585165	APD ORIGINAL	LF@2197555 2585165
2585166	EXCEPTION LOC REQUEST	LF@2197556 2585166

Total Attach: 2 Files