

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:

2089067

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: COLTON LIMITED LIABILITY CO 4. COGCC Operator Number: 18795  
 5. Address: 621 17TH ST - SUITE 950  
 City: DENVER State: CO Zip: 80293  
 6. Contact Name: STEPHANIE CLASEN Phone: (303)297-0347 Fax: (303)297-9075  
 Email: COLTON@SOVEREIGNENERGYLLC.COM  
 7. Well Name: WERNING Well Number: 6-2  
 8. Unit Name (if appl): \_\_\_\_\_ Unit Number: \_\_\_\_\_  
 9. Proposed Total Measured Depth: 7375

WELL LOCATION INFORMATION

10. QtrQtr: SENW Sec: 2 Twp: 4N Rng: 66W Meridian: 6  
 Latitude: 40.342570 Longitude: -104.746480  
 Footage at Surface: 2170 FNL 2109 FWL  
 11. Field Name: WATTENBERG Field Number: 90750  
 12. Ground Elevation: 4672 13. County: WELD

14. GPS Data:

Date of Measurement: 01/30/2007 PDOP Reading: 1.9 Instrument Operator's Name: JEFF RHOTEN

15. 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  No

17. Distance to the nearest building, public road, above ground utility or railroad: 560 ft

18. Distance to nearest property line: 520 ft 19. Distance to nearest well permitted/completed in the same formation: 1200 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.)
CODELL	CODL	407-87	80	S/2 NW/4
NIOBRARA	NBRR	407-87	80	S/2 NW/4

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):  
E/2 NW/4 OF SECTION 2, T4N, R66W LYING SOUTH OF THE COUNTY ROAD.

25. Distance to Nearest Mineral Lease Line: 560 ft 26. Total Acres in Lease: 73

### 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	467	189	467	0
1ST	7+7/8	4+1/2	11.6	7,375	290	7,375	3,748

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

33. Comments SEE ATTACHED FORM 4. CONDUCTOR CASING NOT APPLICABLE.

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: STEPHANIE CLASEN

Title: OFFICE MANAGER Date: \_\_\_\_\_ Email: COLTON@SOVEREIGNENER

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: \_\_\_\_\_

<b>API NUMBER</b> 05 123 22018 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
2089067	APD ORIGINAL	LF@2195054 2089067
2089069	30 DAY NOTICE LETTER	LF@2195055 2089069

Total Attach: 2 Files