

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:

400020682

Plugging Bond Surety

20010048

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: CHOLLA PRODUCTION LLC 4. COGCC Operator Number: 16830

5. Address: 7851 S ELATI ST STE 201
City: LITTLETON State: CO Zip: 80120

6. Contact Name: EMILY HUNDLEY-GOFF Phone: (303)6234565 Fax: (303)6235062
Email: cholla_production@msn.com

7. Well Name: BROOKS Well Number: 1-2

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

9. Proposed Total Measured Depth: 5300

WELL LOCATION INFORMATION

10. QtrQtr: NE NE Sec: 1 Twp: 32S Rng: 45W Meridian: 6
Latitude: 37.292080 Longitude: -102.426020

Footage at Surface: 923 FNL/FSL FNL 983 FEL/FWL FEL

11. Field Name: WILDCAT Field Number: _____

12. Ground Elevation: 4137 13. County: BACA

14. GPS Data:

Date of Measurement: 10/16/2009 PDOP Reading: 2.6 Instrument Operator's Name: CHRIS PEARSON

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: 923 ft

18. Distance to nearest property line: 923 ft 19. Distance to nearest well permitted/completed in the same formation: 19 mi

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.)
MORROW	MRRW			

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):
 NE/4 (TRACT 37-160 ACRES) OF SEC. 1-T32S-R45W; LOTS 7, 8, AND 17 (72 ACRES CONTIGUOUS TO NE/4 OF SEC. 1) IN SW/4 OF SEC.31-T31S-R44W; N/2 SEC. 6-T32S-R44W

25. Distance to Nearest Mineral Lease Line: 923 ft 26. Total Acres in Lease: 562

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/reclamation

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	23	1,750	665	1,750	0
1ST	7+7/8	4+1/2	10.5	5,300	100	5,300	4,900

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

33. Comments _____

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: EMILY HUNDLEY-GOFF

Title: OWNER/MANAGER Date: _____ Email: cholla_production@msn.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	Permit Number: _____	Expiration Date: _____
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
400020711	WELL LOCATION PLAT	Brooks 1-2 Form 2 well location_topo.pdf
400020715	TOPO MAP	Brooks 1-2 Form 2 well location_topo.pdf
400020716	30 DAY NOTICE LETTER	Brooks 1-2 Form 2 30 day letter.pdf

Total Attach: 3 Files