

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



DE ET OE ES

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:

2585098

Plugging Bond Surety

20010102

3. Name of Operator: PETRO-CANADA RESOURCES (USA) INC 4. COGCC Operator Number: 720855. Address: 999 18TH ST STE 600City: DENVER State: CO Zip: 80202-24996. Contact Name: JAN KAJIWARA Phone: (303)297-2300 Fax: (303)297-7708Email: jkaiwara@suncor.com7. Well Name: DF RANCH Well Number: 1181-10-13

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

9. Proposed Total Measured Depth: 8180

WELL LOCATION INFORMATION

10. QtrQtr: SWNE Sec: 10 Twp: 11N Rng: 61W Meridian: 6Latitude: 40.939460 Longitude: -104.189350Footage at Surface: 1500 FNL/FSL FNL 2050 FEL/FWL FEL11. Field Name: GROVER Field Number: 3338012. Ground Elevation: 5293 13. County: WELD

14. GPS Data:

Date of Measurement: 11/02/2009 PDOP Reading: 3.9 Instrument Operator's Name: DARREN VEAL15. 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: 5280 ft18. Distance to nearest property line: 1500 ft 19. Distance to nearest well permitted/completed in the same formation: 1750 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.)
DAKOTA	DKTA	UNSPACED	40	SWNE
J SAND	JSND	UNSPACED	40	SWNE
NIOBRARA/CODELL	NB-CD	UNSPACED	40	SWNE

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):
SEE ATTACHED.

25. Distance to Nearest Mineral Lease Line: 1500 ft 26. Total Acres in Lease: 8337

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	26	400	250	400	0
1ST	7+7/8	5+1/2	17	8,180	100	8,180	7,355
			Stage Tool	7,255	800	7,255	400

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

33. Comments CONDUCTOR CASING WILL NOT BE UTILIZED.

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: JAN KAJIWARA

Title: REGULATORY Date: _____ Email: jkajiwara@suncor.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

Permit Number: _____ Expiration Date: _____

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
2585098	APD ORIGINAL	LF@2195497 2585098
2585100	WELL LOCATION PLAT	LF@2195498 2585100
2585101	LEGAL/LEASE DESC	LF@2195501 2585101
2585102	TOPO MAP	LF@2195499 2585102
2585103	30 DAY NOTICE LETTER	LF@2195500 2585103

Total Attach: 5 Files