

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:
2093363
Plugging Bond Surety
20010102

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: PETRO-CANADA RESOURCES (USA) INC 4. COGCC Operator Number: 72085
5. Address: 999 18TH ST STE 600
City: DENVER State: CO Zip: 80202-2499
6. Contact Name: JAN KAJIWARA Phone: (303)297-2300 Fax: (303)297-7708
Email: JKAJIWARA@SUNCOR.COM
7. Well Name: DF RANCH Well Number: 111-8-12
8. Unit Name (if appl): _____ Unit Number: _____
9. Proposed Total Measured Depth: 8213

WELL LOCATION INFORMATION

10. QtrQtr: NWNE Sec: 8 Twp: 11N Rng: 61W Meridian: 6
Latitude: 40.941690 Longitude: -104.226970
Footage at Surface: 660 FNL/FSL FNL 1980 FEL/FWL FEL
11. Field Name: GROVER Field Number: 33380
12. Ground Elevation: 5256 13. County: WELD

14. GPS Data:
Date of Measurement: 09/22/2009 PDOP Reading: 1.8 Instrument Operator's Name: DARREN VEAL

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: 1980 ft
18. Distance to nearest property line: 660 ft 19. Distance to nearest well permitted/completed in the same formation: 1850 ft

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	NWNE
J SAND	JSND	UNPACED	40	NWNE
NIOBRARA/CODELL	NB-CD	UNSPACED	40	NWNE

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: 660 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	8,213	100	8,213	7,388

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	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
2093363	APD ORIGINAL	LF@2202985 2093363
2093365	WELL LOCATION PLAT	LF@2202986 2093365
2093366	TOPO MAP	LF@2202987 2093366
2093367	LEGAL/LEASE DESC	LF@2202988 2093367
2093368	30 DAY NOTICE LETTER	LF@2202989 2093368

Total Attach: 5 Files