

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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## 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:

2093342

Plugging Bond Surety

3. Name of Operator: TOP OPERATING COMPANY 4. COGCC Operator Number: 395605. Address: 10881 ASBURY AVE STE 230City: LAKEWOOD State: CO Zip: 802276. Contact Name: MURRAY HERRING Phone: (303)727-9915 Fax: (303)727-9925Email: TOPOPRTNGF@AOL.COM7. Well Name: HALEY Well Number: 2

8. Unit Name (if appl): \_\_\_\_\_ Unit Number: \_\_\_\_\_

9. Proposed Total Measured Depth: 7800

## WELL LOCATION INFORMATION

10. QtrQtr: NWSW Sec: 20 Twp: 3N Rng: 68W Meridian: 6Latitude: 40.209260 Longitude: -105.034010Footage at Surface: 1971 FNL/FSL FSL 654 FEL/FWL FWL11. Field Name: WATTENBERG Field Number: 9075012. Ground Elevation: 5075 13. County: WELD

## 14. GPS Data:

Date of Measurement: 12/14/2009 PDOP Reading: 2.3 Instrument Operator's Name: MICHAEL FEIOGNBAUM15. 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 \_\_\_\_\_

663 FSL 1996 FWL 663 FSL 1996 FWLSec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_ Sec: 20 Twp: 3N Rng: 68W16. Is location in a high density area? (Rule 603b)?  Yes  No17. Distance to the nearest building, public road, above ground utility or railroad: 620 ft18. Distance to nearest property line: 654 ft 19. Distance to nearest well permitted/completed in the same formation: 25 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.)
J SAND	JSND	232-23	320	S2
NIOBRARA	NBRR	407-66	320	S2

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):  
 T3N, R68W, 6TH PM SEC.19 & 20. (SEE ATTACHMENT FOR DETAILED DESCRIPTION)

25. Distance to Nearest Mineral Lease Line: 654 ft 26. Total Acres in Lease: 443

### 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
CONDUCTOR	18	15		10	10	10	0
SURF	12+1/4	8+5/8	24	350	255	350	0
1ST	7+7/8	4+1/2	11.6	7,800	350	7,799	6,500

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

33. Comments DEPTHS ARE VERTICAL

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: MURRAY HERRING

Title: V.P. Date: \_\_\_\_\_ Email: TOPOPRTNGF@AOL.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: \_\_\_\_\_

<b>API NUMBER</b> 05	Permit Number: _____ Expiration Date: _____
<b>CONDITIONS OF APPROVAL, IF ANY:</b>	

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
2093342	APD ORIGINAL	LF@2202675 2093342
2093344	WELL LOCATION PLAT	LF@2202676 2093344
2093345	LEGAL/LEASE DESC	LF@2202677 2093345
2093346	30 DAY NOTICE LETTER	LF@2202678 2093346
2093347	DEVIATED DRILLING PLAN	LF@2202679 2093347

Total Attach: 5 Files