

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:

2093841

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: STRACHAN EXPLORATION, INC 4. COGCC Operator Number: 831305. Address: 383 INVERNESS PKWY, STE 360City: ENGLEWOOD State: CO Zip: 801126. Contact Name: BILL CLAXTON Phone: (303)785-7006 Fax: (303)785-7012Email: BILL@STRACHANEXPLORATION.COM7. Well Name: BRIXEY Well Number: 10-1

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

9. Proposed Total Measured Depth: 5350

WELL LOCATION INFORMATION

10. QtrQtr: SWNE Sec: 10 Twp: 20S Rng: 51W Meridian: 6Latitude: 38.333570 Longitude: -103.104810Footage at Surface: 1980 FNL/FSL FNL 1980 FEL/FWL FEL11. Field Name: WILDCAT Field Number: 9999912. Ground Elevation: 4296 13. County: KIOWA

14. GPS Data:

Date of Measurement: 09/14/2006 PDOP Reading: 1.5 Instrument Operator's Name: KEITH WESTFALL15. 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: 1980 ft18. Distance to nearest property line: 660 ft 19. Distance to nearest well permitted/completed in the same formation: 2640 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.)
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):
E/2 AND SW/4 SEC. 10; W/2 AND N/2-NE/4 SEC. 11 T20S R51W

25. Distance to Nearest Mineral Lease Line: 660 ft 26. Total Acres in Lease: 880

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	450	250	450	0
1ST	7+7/8	4+1/2	10.5	5,350	200	200	4,350
			Stage Tool	1,300	150	1,300	0

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

33. Comments NO CONDUCTOR PIPE WILL BE USED. ALL CONDITIONS THE SAME AS ORIGINAL

34. Location ID: 324906

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: C. WILLIAM CLAXTON

Title: ENGINEER Date: _____ Email: BILL@STRACHANEXPLORATI

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 05 061 06802 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
2093841	APD ORIGINAL	LF@2207501 2093841
2093843	WELL LOCATION PLAT	LF@2207502 2093843
2093844	TOPO MAP	LF@2207503 2093844
2093845	SURFACE AGRMT/SURETY	LF@2207504 2093845
2093846	30 DAY NOTICE LETTER	LF@2207505 2093846

Total Attach: 5 Files