

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:

400027898

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: WHITING OIL AND GAS CORPORATION 4. COGCC Operator Number: 96155

5. Address: 1700 BROADWAY STE 2300  
 City: DENVER State: CO Zip: 80290

6. Contact Name: Scott Webb Phone: (303)390-4095 Fax: (303)390-4960  
 Email: scottw@whiting.com

7. Well Name: Boies Well Number: B-30H-11

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

9. Proposed Total Measured Depth: 11199

WELL LOCATION INFORMATION

10. QtrQtr: NESE Sec: 30 Twp: T2S Rng: R97W Meridian: 6

Latitude: 39.845799 Longitude: -108.319581

Footage at Surface: 2105 FNL/FSL FSL 1248 FEL/FWL FEL

11. Field Name: Sulphur Creek Field Number: 80090

12. Ground Elevation: 6272 13. County: RIO BLANCO

14. GPS Data:

Date of Measurement: 09/24/2008 PDOP Reading: 2.2 Instrument Operator's Name: Larry D. Brown

15. If well is  Directional  Horizontal (highly deviated) **submit deviated drilling plan.**

Footage at Top of Prod Zone: FNL/FSL 2415 FSL 544 FEL/FWL FEL Bottom Hole: FNL/FSL 2415 FSL 544 FEL/FWL FEL  
 Sec: 30 Twp: T2S Rng: R97 Sec: 30 Twp: T2S Rng: R97  
 W W

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: 202 ft

18. Distance to nearest property line: 556 ft 19. Distance to nearest well permitted/completed in the same formation: 330 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.)
Iles	ILES	527-4		
Williams Fork	WMFK	527-1		

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):  
A minerla lease map of this lease is on file with the NDIC.

25. Distance to Nearest Mineral Lease Line: 544 ft 26. Total Acres in Lease: 1160

### 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	+/26	+/26	128	80			
SURF	+/12	+/8	40	3,500	1,252	3,500	
1ST	+/8	+/4	11.6	11,199	875	11,199	3,000

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

33. Comments The pad has been constructed. The pits have been constructed. The re-file will not require a variance from any of the rules listed in Rule 306.d.(1).(A).(ii). The location is not in a wildlife restricted Surface Occupancu Area.

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: Scott M. Webb

Title: Regulatory Coordinator Date: \_\_\_\_\_ Email: scottw@whting.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> 05 103 11412 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.