

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:  
1774997  
Plugging Bond Surety  
20100013

3. Name of Operator: SCHNEIDER ENERGY SERVICES INC 4. COGCC Operator Number: 76840

5. Address: P O BOX 297  
City: FORT MORGAN State: CO Zip: 80701

6. Contact Name: JEFF SCHNEIDER Phone: (970)867-9437 Fax: (970)867-9137  
Email: FABRIANNA@JAMESKARO.COM

7. Well Name: MCGAHEY OIL, LLC STATE Well Number: 1A

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

9. Proposed Total Measured Depth: 8610

WELL LOCATION INFORMATION

10. QtrQtr: SESE Sec: 16 Twp: 8N Rng: 61W Meridian: 6  
Latitude: 40.656470 Longitude: -104.203470

Footage at Surface: 638 FNL/FSL FSL 715 FEL/FWL FEL

11. Field Name: WILDCAT Field Number: 99999

12. Ground Elevation: 4976 13. County: WELD

14. GPS Data:

Date of Measurement: 11/12/2009 PDOP Reading: 1.6 Instrument Operator's Name: MICHAEL FEIGENBAUM

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: 4613 ft

18. Distance to nearest property line: 638 ft 19. Distance to nearest well permitted/completed in the same formation: 1313 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			

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):  
SEC. 16: ALL, T8N, R61W, 6TH PM

25. Distance to Nearest Mineral Lease Line: 638 ft 26. Total Acres in Lease: 640

**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: NOT SPECIFIED

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	442	300	442	0
1ST	7+7/8	5+1/2	15.5	8,600	415	8,600	6,610
S.C. 1.1				6,580	200	6,580	5,930
S.C. 1.2				660	200	660	0

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

33. Comments EXISTING CASING. NO CONDUCTOR CASING WILL BE USED. RE-ENTERING EXISTING SURFACE CASING.

34. Location ID: 330493

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: JAMES KARO

Title: CONTRACT LANDMAN Date: 12/8/2009 Email: FABRIANNA@JAMESKARO.C

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: David S. Neslin Director of COGCC Date: 1/24/2010

**API NUMBER**  
05 123 19199 00

Permit Number: \_\_\_\_\_ Expiration Date: 1/23/2011

**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.**

Prior to recompletion, operator must: 1) Provide 24 hour notice of MIRU to Colby Horton at 970-467-2517 or e-mail at colby.horton@state.co.us. 2) Upon well recompletion operator shall file a COGCC Form 5, Completion Report reflecting the actual casing and cement configuration.

### **Attachment Check List**

Att Doc Num	Name	Doc Description
1774997	APD ORIGINAL	LF@2192717 1774997
1774998	WELL LOCATION PLAT	LF@2192718 1774998
1774999	TOPO MAP	LF@2192719 1774999
1775000	30 DAY NOTICE LETTER	LF@2192720 1775000
400020624	FORM 2 SUBMITTED	LF@2203346 400020624

Total Attach: 5 Files