

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:

2094238

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: SAMSON RESOURCES COMPANY 4. COGCC Operator Number: 761045. Address: TWO WEST SECOND STCity: TULSA State: OK Zip: 741036. Contact Name: JULIE DOSSEY Phone: (970)382-0027 Fax: (970)382-0290Email: JDOSSEY@TIMBERLINELAND.COM7. Well Name: HARPER Well Number: 3-13U

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

9. Proposed Total Measured Depth: 3609

WELL LOCATION INFORMATION

10. QtrQtr: SWSE Sec: 13 Twp: 34N Rng: 7W Meridian: NLatitude: 37.186830 Longitude: -107.555640
 Footage at Surface: 1061 FNL/FSL FSL 1547 FEL/FWL FEL
11. Field Name: IGNACIO BLANCO Field Number: 3830012. Ground Elevation: 6835 13. County: LA PLATA

14. GPS Data:

Date of Measurement: 01/08/2010 PDOP Reading: 0.0 Instrument Operator's Name: DOSSEY15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**
 Footage at Top of Prod Zone: FNL/FSL 1822 FSL 2627 FEL/FWL FEL Bottom Hole: FNL/FSL 1972 FSL 2430 FEL/FWL FWL
 Sec: 13 Twp: 34N Rng: 7W Sec: 13 Twp: 34N Rng: 7W
16. Is location in a high density area? (Rule 603b)? Yes No17. Distance to the nearest building, public road, above ground utility or railroad: 330 ft18. Distance to nearest property line: 1061 ft 19. Distance to nearest well permitted/completed in the same formation: 1320 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.)
FRUITLAND COAL	FRLDC	112-181	320	S/2

21. Mineral Ownership: Fee State Federal Indian Lease #: 750001094

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 FEE AND INDIAN LEASES.

25. Distance to Nearest Mineral Lease Line: 660 ft 26. Total Acres in Lease: 1257

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: EVAPORATIVE RESERVE

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	350	220	350	0
1ST	7+7/8	5+1/2	17	3,609	380	3,609	0

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

33. Comments SW/4 SEC 13U IS TRIBAL MINERALS, SE/4 SECTION 13U IS FEE MINERALS. ALL CONDITIONS REMAIN THE SAME AS PER THE ORIGINAL SUBMITTAL. NO CONDUCTOR CASING WILL BE USED FOR THIS WELL.

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: JULIE DOSSEY

Title: PERMITS Date: _____ Email: JDOSSEY@TIMBERLINELAN

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 05 067 09259 00	Permit Number: _____ Expiration Date: _____
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
2094238	APD ORIGINAL	LF@2212482 2094238

Total Attach: 1 Files