

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 MONITOR WELL  
SINGLE ZONE  MULTIPLE ZONE  COMMINGLE ZONE

Refilling   
Sidetrack

Document Number:  
1808614  
Plugging Bond Surety

3. Name of Operator: COLORADO OIL & GAS CONSERVATION COMMISSION 4. COGCC Operator Number: 5

5. Address: 1120 LINCOLN ST SUITE 801  
City: DENVER State: CO Zip: 80203

6. Contact Name: STEVE LINDBLOM Phone: (303)894-2100X5 Fax: (303)894-2109  
Email: STEVEN.LINDBLOM@STATE.CO.US

7. Well Name: PALMER RANCH Well Number: 1

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

9. Proposed Total Measured Depth: 980

WELL LOCATION INFORMATION

10. QtrQtr: SWNW Sec: 19 Twp: 35N Rng: 8W Meridian: N  
Latitude: 37.289572 Longitude: -107.793756

Footage at Surface: \_\_\_\_\_ FNL/FSL \_\_\_\_\_ FEL/FWL \_\_\_\_\_  
1906 FNL 561 FWL

11. Field Name: \_\_\_\_\_ Field Number: \_\_\_\_\_

12. Ground Elevation: 7089 13. County: LA PLATA

14. GPS Data:

Date of Measurement: 08/13/2009 PDOP Reading: 2.2 Instrument Operator's Name: ROBERT L. POUNDS

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: 75 ft

18. Distance to nearest property line: 550 19. Distance to nearest well permitted/completed in the same formation: \_\_\_\_\_

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	FRLDC			

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):  
MONITOR WELL; NO LEASE REQUIRED.

25. Distance to Nearest Mineral Lease Line: \_\_\_\_\_ 26. Total Acres in Lease: \_\_\_\_\_

**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	12+1/4	9+5/8	36	44	45	50	0
SURF	8+3/4	7	20	300	135	310	0
1ST	6+1/4	4+1/2	10.5	770	193	775	0

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

33. Comments \_\_\_\_\_

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: STEVEN LINDBLOM

Title: \_\_\_\_\_ Date: 10/21/2009 Email: STEVEN.LINDBLOM@STATE.

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: 2/11/2010

**API NUMBER**  
05 067 09804 00

Permit Number: \_\_\_\_\_ Expiration Date: 2/10/2011

**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.

### Attachment Check List

Att Doc Num	Name	Doc Description
1808614	APD ORIGINAL	LF@2164880 1808614
1808615	WELL LOCATION PLAT	LF@2164881 1808615
1808616	TOPO MAP	LF@2164823 1808616
1808617	30 DAY NOTICE LETTER	LF@2164882 1808617
1808618	CORRESPONDENCE	LF@2164884 1808618
1940971	WAIVERS	LF@2164885 1940971
400025142	WAIVERS	LF@2396927 400025142
400025143	WAIVERS	LF@2396928 400025143
400025144	SURFACE AGRMT/SURETY	LF@2396929 400025144

Total Attach: 9 Files