

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:  
400037142  
Plugging Bond Surety  
20060021

3. Name of Operator: ROSETTA RESOURCES OPERATING LP 4. COGCC Operator Number: 10159

5. Address: 717 TEXAS STE 2800  
City: HOUSTON State: TX Zip: 77002

6. Contact Name: SHAWN HILDRETH Phone: (713)335-4104 Fax: (281)763-2320  
Email: SHAWN.HILDRETH@ROSETTARESOURCE.COM

7. Well Name: SCHOBE Well Number: 22-15

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

9. Proposed Total Measured Depth: 2154

WELL LOCATION INFORMATION

10. QtrQtr: SWSE Sec: 22 Twp: 1S Rng: 44W Meridian: 6  
Latitude: 39.950800 Longitude: -102.285686

Footage at Surface: 1014 FNL/FSL FSL 1494 FEL/FWL FEL

11. Field Name: VERNON Field Number: 86500

12. Ground Elevation: 3850 13. County: YUMA

14. GPS Data:

Date of Measurement: 01/13/2010 PDOP Reading: 2.8 Instrument Operator's Name: CHRIS PEARSON

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: 1025 ft

18. Distance to nearest property line: 996 ft 19. Distance to nearest well permitted/completed in the same formation: 865 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.)
NIOBRARA	NBRR	315-11	160	SE4

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):  
 T1S R44W S22: E2 AND OTHER LANDS

25. Distance to Nearest Mineral Lease Line: 996 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	9+7/8	7	17	400	180	400	0
1ST	6+1/8	4+1/2	10.5	2,154	90	2,154	1,754

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

33. Comments NO CONDUCTOR CASING WILL BE USED.

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: SHAWN HILDRETH

Title: REGULATORY ANALYST Date: \_\_\_\_\_ Email: SHAWN.HILDRETH@ROSETT

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** Permit Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

05 **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
400037260	WELL LOCATION PLAT	Schobe 22-15 Location Plat.pdf
400037261	TOPO MAP	Schobe 22-15 Topo Map.pdf
400037262	30 DAY NOTICE LETTER	Surface Owner Notification Letter.pdf
400038953	FORM 2 SUBMITTED	400038953.pdf

Total Attach: 4 Files