

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:

2095361

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 ☐

Refilling ☒

Sidetrack ☐

3. Name of Operator: WELLSTAR CORPORATION

4. COGCC Operator Number: 95245

5. Address: 11990 GRANT ST STE 550

City: NORTHGLENN State: CO Zip: 80233

6. Contact Name: TERRY L. HOFFMAN Phone: (303)250-0619 Fax: (303)412-8212

Email: THOFFMAN@Q.COM

7. Well Name: BUSH DRAW FEDERAL Well Number: 15-1

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

9. Proposed Total Measured Depth: 7200

WELL LOCATION INFORMATION

10. QtrQtr: NESW Sec: 15 Twp: 8N Rng: 78W Meridian: 6

Latitude: 40.661686 Longitude: -106.134739

Footage at Surface: 2022 FNL/FSL FSL FEL/FWL 1727 FWL

11. Field Name: WILDCAT Field Number: 99999

12. Ground Elevation: 8441.2 13. County: JACKSON

14. GPS Data:

Date of Measurement: 08/24/2008 PDOP Reading: 2.5 Instrument Operator's Name: SCOTT VERNON

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: 9272 ft

18. Distance to nearest property line: 1727 ft 19. Distance to nearest well permitted/completed in the same formation: 1 mi

20. LEASE, SPACING AND POOLING INFORMATION

21. Mineral Ownership: ☐ Fee ☐ State ☒ Federal ☐ Indian Lease #: COC 062574

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):

T8N R78W: SEC 12: NE/NW, NW/SW, S2/S2; SEC 13: ALL; SEC 14: E2/NE, W2 SE/4, SEC 15: ALL; SEC 23: N2/N2

25. Distance to Nearest Mineral Lease Line: 1727 ft 26. Total Acres in Lease: 2240

## 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.

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

33. Comments ALL CONDITIONS ARE THE SAME AS WHEN THE APD WAS ORIGINALLY APPROVED.

34. Location ID: 324763

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: TERRY L. HOFFMAN

Title: PERMITTING AGENT Date: 2/2/2010 Email: THOFFMAN@Q.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: \_\_\_\_\_

### API NUMBER

05 057 06478 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
2095361	APD ORIGINAL	LF@2221998 2095361
400038504	FORM 2 SUBMITTED	400038504.pdf

Total Attach: 2 Files