

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:

2096259

Plugging Bond Surety

20010023

3. Name of Operator: K P KAUFFMAN COMPANY INC 4. COGCC Operator Number: 462905. Address: 1675 BROADWAY, STE 2800City: DENVER State: CO Zip: 802026. Contact Name: SHERRY GLASS Phone: (303)825-4822 Fax: (303)825-4825Email: SGLASS@KPK.COM7. Well Name: RML Well Number: 6-8-25

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

9. Proposed Total Measured Depth: 7875

WELL LOCATION INFORMATION

10. QtrQtr: SENW Sec: 8 Twp: 4N Rng: 66W Meridian: 6Latitude: 40.328070 Longitude: -104.804860Footage at Surface: 2277 FNL/FSL FNL 1944 FEL/FWL FWL11. Field Name: WATTENBERG Field Number: 9075012. Ground Elevation: 4702 13. County: WELD

14. GPS Data:

Date of Measurement: 12/12/2006 PDOP Reading: 1.8 Instrument Operator's Name: JEFF RHOTEN15. 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 _____

2631 FNL 2487 FWL 2631 FNL 2487 FWLSec: 8 Twp: 4N Rng: 66W Sec: 8 Twp: 4N Rng: 66W16. Is location in a high density area? (Rule 603b)? Yes No17. Distance to the nearest building, public road, above ground utility or railroad: 915 ft18. Distance to nearest property line: 497 ft 19. Distance to nearest well permitted/completed in the same formation: 50 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.)
NIORARA-CODELL	NB-CD	407	160	SE/4NW/4

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#: 20010024

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):
S/2NW/4, W/2SW/4, NE/4SW/4 SECTION 8-T4N-R66W

25. Distance to Nearest Mineral Lease Line: 166 ft 26. Total Acres in Lease: 217

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	12+1/4	8+5/8	24	400	325	400	
1ST	7+7/8	4+1/2	11.5	7,875	400	7,875	

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

33. Comments NO CONDUCTOR CASING WILL BE USED. SURFACE USE AGREEMENT ATTACHED. TWINNED TO EDKAM #2-23, API# 05-123-118853

34. Location ID: 332669

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: SHERRY GLASS

Title: ENGINEERING TECHNICIAN Date: 2/17/2010 Email: SGLASS@KPK.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	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
2096259	APD ORIGINAL	LF@2421556 2096259
2096261	WELL LOCATION PLAT	LF@2421557 2096261
2096262	TOPO MAP	LF@2421558 2096262
2096263	MINERAL LEASE MAP	LF@2421666 2096263
2096264	SURFACE AGRMT/SURETY	LF@2421559 2096264
2096265	30 DAY NOTICE LETTER	LF@2421560 2096265
2096266	DEVIATED DRILLING PLAN	LF@2421561 2096266
2096267	PROPOSED SPACING UNIT	LF@2421672 2096267

Total Attach: 8 Files