

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:
2096216
Plugging Bond Surety
20010023

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: K P KAUFFMAN COMPANY INC 4. COGCC Operator Number: 46290
5. Address: 1675 BROADWAY, STE 2800
City: DENVER State: CO Zip: 80202
6. Contact Name: SHERRY GLASS Phone: (303)825-4822 Fax: (303)825-4825
Email: SGLASS@KPK.COM
7. Well Name: RML Well Number: #5-8-32
8. Unit Name (if appl): _____ Unit Number: _____
9. Proposed Total Measured Depth: 7892

WELL LOCATION INFORMATION

10. QtrQtr: SWSW Sec: 8 Twp: 4N Rng: 66W Meridian: 6
Latitude: 40.328470 Longitude: -104.809270
Footage at Surface: 2098 FNL/FSL FNL 718 FEL/FWL FWL
11. Field Name: WATTENBERG Field Number: 90750
12. Ground Elevation: 4716 13. County: WELD

14. GPS Data:
Date of Measurement: 12/12/2006 PDOP Reading: 2.1 Instrument Operator's Name: JEFF RHOTEN

15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**
Footage at Top of Prod Zone: FNL/FSL 2582 FNL 160 FWL Bottom Hole: FNL/FSL 2582 FNL 160 FWL
Sec: 8 Twp: 4N Rng: 66W Sec: 8 Twp: 4N Rng: 66W

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: 727 ft
18. Distance to nearest property line: 718 ft 19. Distance to nearest well permitted/completed in the same formation: 50 ft

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	SW/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: 160 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	7,892	400	7,892	

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 #1-21, API# 05-123-11674.

34. Location ID: 332566

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: 2/16/2010 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
2096216	APD ORIGINAL	LF@2421570 2096216
2096218	WELL LOCATION PLAT	LF@2421571 2096218
2096219	TOPO MAP	LF@2421572 2096219
2096220	MINERAL LEASE MAP	LF@2421669 2096220
2096221	SURFACE AGRMT/SURETY	LF@2421573 2096221
2096222	30 DAY NOTICE LETTER	LF@2421574 2096222
2096223	DEVIATED DRILLING PLAN	LF@2421575 2096223
2096224	PROPOSED SPACING UNIT	LF@2421673 2096224

Total Attach: 8 Files