

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



| | | | |
|----|----|----|----|
| DE | ET | OE | ES |
|----|----|----|----|

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:

2096675

Plugging Bond Surety

20010102

3. Name of Operator: PETRO-CANADA RESOURCES (USA) INC

4. COGCC Operator Number: 72085

5. Address: 999 18TH ST STE 600

City: DENVER State: CO Zip: 80202-2499

6. Contact Name: SUSAN MILLER Phone: (303)297-2300 Fax: (303)297-7708

Email: SUMILLER@SUNCOR.COM

7. Well Name: FOSS Well Number: 10-2-21

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

9. Proposed Total Measured Depth: 7150

WELL LOCATION INFORMATION

10. QtrQtr: SENW Sec: 10 Twp: 6N Rng: 64W Meridian: 6

Latitude: 40.501090 Longitude: -104.540570

 Footage at Surface: 2501 FNL/FSL 1414 FEL/FWL
 FNL FWL

11. Field Name: HARLECH Field Number: 33560

12. Ground Elevation: 4799 13. County: WELD

14. GPS Data:

Date of Measurement: 06/26/2008 PDOP Reading: 1.8 Instrument Operator's Name: BRIAN BRINKMAN

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: 1120 ft

18. Distance to nearest property line: 150 ft 19. Distance to nearest well permitted/completed in the same formation: 748 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.) |
|------------------------|----------------|-------------------------|-------------------------------|--------------------------------------|
| CODELL/NIOBRARA | NB-CD | 407-87 | 160 | S/2NW/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#: _____

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):
6-64: SECTION 10: S/2NW/4

25. Distance to Nearest Mineral Lease Line: 1414 ft 26. Total Acres in Lease: 80

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 | 26 | 600 | 430 | 600 | |
| 1ST | 7+7/8 | 4+1/2 | 11.6 | 7,150 | 1,053 | 7,150 | 600 |

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

33. Comments CONDUCTOR CASING WILL NOT BE UTILIXED. SEE ITEM NO.4 OF SUA FOR WAIVER OF 30-DAY NOTICE.

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: SUSAN MILLER

Title: REGULATORY ANALYST Date: 2/24/2010 Email: SUMILLER@SUNCOR.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

05 123 29784 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 |
|-------------|-----------------------|--------------------|
| 2096675 | APD ORIGINAL | LF@2425291 2096675 |
| 2096677 | WELL LOCATION PLAT | LF@2425292 2096677 |
| 2096678 | SURFACE AGRMT/SURETY | LF@2425293 2096678 |
| 2096679 | EXCEPTION LOC REQUEST | LF@2425294 2096679 |
| 2096680 | PROPOSED SPACING UNIT | LF@2425295 2096680 |

Total Attach: 5 Files