

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
----	----	----	----

Document Number:
2096675

Plugging Bond Surety
20010102

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: 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 FNL 1414 FEL/FWL 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