

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:

2585699

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

Refiling

Sidetrack

3. Name of Operator: UNIT PETROLEUM COMPANY 4. COGCC Operator Number: 10259

5. Address: 7130 S LEWIS AVE STE 1000
City: TUSLA State: OK Zip: 74136

6. Contact Name: MICHAEL DUNN Phone: (580)225-0544 Fax: (580)225-0574
Email: MICHAEL.DUNN@UNITCORP.COM

7. Well Name: HUBBARD Well Number: 1H

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

9. Proposed Total Measured Depth: 7550

WELL LOCATION INFORMATION

10. QtrQtr: SWSW Sec: 5 Twp: 12S Rng: 55W Meridian: 6

Latitude: 39.027230 Longitude: -103.588280

Footage at Surface: 660 FNL/FSL FSL 660 FEL/FWL FWL

11. Field Name: WILDCAT Field Number: 99999

12. Ground Elevation: 5438 13. County: LINCOLN

14. GPS Data:

Date of Measurement: 12/11/2009 PDOP Reading: 2.3 Instrument Operator's Name: KEITH WESTFALL

15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**

Footage at Top of Prod Zone: FNL/FSL 1166 FSL 1166 FWL FWL Bottom Hole: FNL/FSL 660 FSL 660 FWL FWL
Sec: 5 Twp: 12S Rng: 55W Sec: _____ Twp: 12S Rng: 55W

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: 4700 ft

18. Distance to nearest property line: 660 ft 19. Distance to nearest well permitted/completed in the same formation: 3 mi

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.)
ATOKA	ATOK			
CHEROKEE	CHRK			
MARMATON	MRTN			
MORROW	MRRW			

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):
 SEC 5-12S-55W (WHOLE SECTION-640 ACRES)

25. Distance to Nearest Mineral Lease Line: 660 ft 26. Total Acres in Lease: 636

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: DEWATERF & BACKFILL

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	17+1/2	13+3/8	48	500	440		0
1ST	8+3/4	7	26	7,945	515		2,800
1ST LINER	6+1/8	4+1/2	11.6	10,750			

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

33. Comments _____

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: STEVE DOWDY

Title: CONSULTING ENGINEER Date: 2/23/2010 Email: TRIMANRES@SBCGLOBAL.N

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
2585699	APD ORIGINAL	LF@2424292 2585699
2585700	WELL LOCATION PLAT	LF@2424294 2585700
2585701	TOPO MAP	LF@2424293 2585701
2585702	DRILLING PLAN	LF@2424296 2585702
2585703	NRCS MAP UNIT DESC	LF@2424295 2585703
2585704	DEVIATED DRILLING PLAN	LF@2424297 2585704
2585705	30 DAY NOTICE LETTER	LF@2424298 2585705

Total Attach: 7 Files