

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:

2581233

Plugging Bond Surety

3. Name of Operator: SAMSON RESOURCES COMPANY

4. COGCC Operator Number: 76104

5. Address: TWO WEST SECOND ST

City: TULSA State: OK Zip: 74103

6. Contact Name: GEORGANNE MITCHELL Phone: (720)239-4365 Fax: (720)904-1392

Email: GMITCHELL@SAMSON.COM

7. Well Name: BRIGGS GAS UNIT B Well Number: 35-5

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

9. Proposed Total Measured Depth: 3816

WELL LOCATION INFORMATION

10. QtrQtr: NENE Sec: 35 Twp: 33N Rng: 8W Meridian: N

Latitude: 37.065140 Longitude: -107.681090

Footage at Surface: 967 FNL/FSL FNL 1053 FEL/FWL FEL

11. Field Name: IGNACIO BLANCO Field Number: 38300

12. Ground Elevation: 6635 13. County: LA PLATA

14. GPS Data:

Date of Measurement: 02/28/2006 PDOP Reading: 2.1 Instrument Operator's Name: RICHARD HARRISON

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

Footage at Top of Prod Zone: FNL/FSL 1802 FNL 1817 FEL 1980 FEL/FWL 1980 FEL
Sec: 35 Twp: 33N Rng: 8W Sec: 35 Twp: 33N Rng: 8W

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: 2640 ft

18. Distance to nearest property line: 253 ft 19. Distance to nearest well permitted/completed in the same formation: 1320 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.)
FRUITLAND COAL	FRLDC	112-181	320	N/2

21. Mineral Ownership: Fee State Federal Indian Lease #: 14-20-151-49

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):
SEE ATTACHED

25. Distance to Nearest Mineral Lease Line: 667 ft 26. Total Acres in Lease: 2640

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: RESERVE PIT - EVAPORAT

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	350	220	350	
1ST	7+7/8	5+1/2	17	3,816	400	3,816	

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

33. Comments NO CONDUCTOR CASING WILL BE USED. THERE ARE NO CHANGES SINCE THE ORIGINAL SUBMITTAL.

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: GEORGEANNE MITCHELL

Title: SENIOR SURFACE LANDMAN Date: 3/11/2010 Email: GMITCHELL@SAMSON.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 05 067 09220 00	Permit Number: _____ Expiration Date: _____
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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
2581233	APD ORIGINAL	LF@2434954 2581233
2581234	30 DAY NOTICE LETTER	LF@2434955 2581234
400047525	FORM 2 SUBMITTED	400047525.pdf

Total Attach: 3 Files