

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

Refilling   
Sidetrack

Document Number:  
2581239  
Plugging Bond Surety

3. Name of Operator: WILLSOURCE ENTERPRISE LLC 4. COGCC Operator Number: 96790

5. Address: 730 17TH ST STE 300  
City: DENVER State: CO Zip: 80202

6. Contact Name: LISA SMITH Phone: (303)857-9999 Fax: (303)450-9200  
Email: LSPERMITCO@AOL.COM

7. Well Name: STATE Well Number: 16-1

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

9. Proposed Total Measured Depth: \_\_\_\_\_

WELL LOCATION INFORMATION

10. QtrQtr: NWNW Sec: 16 Twp: 9N Rng: 60W Meridian: 6  
Latitude: 40.753338 Longitude: -104.102488

Footage at Surface: 1332 FNL 1325 FWL

11. Field Name: WILDCAT Field Number: 99999

12. Ground Elevation: 5007.3 13. County: WELD

14. GPS Data:

Date of Measurement: 01/26/2010 PDOP Reading: 2.2 Instrument Operator's Name: GNA

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: 1325 ft

18. Distance to nearest property line: 1325 ft 19. Distance to nearest well permitted/completed in the same formation: 10560 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	CODL			
NIOBRARA	NBRR			

21. Mineral Ownership:  Fee  State  Federal  Indian Lease #: 45271

22. Surface Ownership:  Fee  State  Federal  Indian

23. Is the Surface Owner also the Mineral Owner?  Yes  No Surface Surety ID#: 96790

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):  
T9N-R609W SEC. 16: ALL

25. Distance to Nearest Mineral Lease Line: 1325 ft 26. Total Acres in Lease: 640

**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	650	700	650	0
1ST	8+3/4	7	23	6,700	800	6,700	0

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: PAUL JORDAN

Title: EXEC. VP Date: 3/15/2010 Email: PAUL@WILLSOURCECENTER

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
2581239	APD ORIGINAL	LF@2435187 2581239
2581240	WELL LOCATION PLAT	LF@2435189 2581240
2581241	TOPO MAP	LF@2435188 2581241
400047529	FORM 2 SUBMITTED	400047529.pdf

Total Attach: 4 Files