

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:
2096259
Plugging Bond Surety
20010023

3. Name of Operator: K P KAUFFMAN COMPANY INC 4. COGCC Operator Number: 46290

5. Address: 1675 BROADWAY, STE 2800
City: DENVER State: CO Zip: 80202

6. Contact Name: SHERRY GLASS Phone: (303)825-4822 Fax: (303)825-4825
Email: SGLASS@KPK.COM

7. Well Name: RML Well Number: 6-8-25

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

9. Proposed Total Measured Depth: 7875

WELL LOCATION INFORMATION

10. QtrQtr: SENW Sec: 8 Twp: 4N Rng: 66W Meridian: 6
Latitude: 40.328070 Longitude: -104.804860

Footage at Surface: 2277 FNL/FSL FNL 1944 FEL/FWL FWL

11. Field Name: WATTENBERG Field Number: 90750

12. Ground Elevation: 4702 13. County: WELD

14. GPS Data:

Date of Measurement: 12/12/2006 PDOP Reading: 1.8 Instrument Operator's Name: JEFF RHOTEN

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
2631 FNL 2487 FWL 2631 FNL 2487 FWL
Sec: 8 Twp: 4N Rng: 66W Sec: 8 Twp: 4N Rng: 66W

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: 915 ft

18. Distance to nearest property line: 497 ft 19. Distance to nearest well permitted/completed in the same formation: 697 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.)
NIOBRARA-CODELL	NB-CD	407	160	GWA

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):
S/2NW/4, W/2SW/4, NE/4SW/4 SECTION 8-T4N-R66W

25. Distance to Nearest Mineral Lease Line: 166 ft 26. Total Acres in Lease: 217

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	400	325	400	0
1ST	7+7/8	4+1/2	11.5	7,875	400	7,875	

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

33. Comments NO CONDUCTOR CASING WILL BE USED. SURFACE USE AGREEMENT ATTACHED. TWINNED TO EDKAM #2-23, API# 05-123-118853. PROPOSED SPACING UNIT IS SWNE, NWSE, NESW, SENW SEC 8

34. Location ID: 332669

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: SHERRY GLASS

Title: ENGINEERING TECHNICIAN Date: 2/17/2010 Email: SGLASS@KPK.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: David S. Neslin Director of COGCC Date: 3/30/2010

API NUMBER
05 123 24832 00

Permit Number: _____ Expiration Date: 3/29/2012

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.

1) Provide 24 hour notice of MIRU to Bo Brown at 970-330-6085 or e-mail at bo.brown@state.co.us. 2) Comply with Rule 317.i and provide cement coverage from TD to a minimum of 200' above Niobrara and from 200' below Shannon to 200' above Shannon. Verify coverage with cement bond log. 3) Comply with Rule 321. Run and submit Directional Survey from TD to base of surface casing. Ensure that the wellbore complies with setback requirements in commission orders or rules prior to producing the well.

Attachment Check List

Att Doc Num	Name	Doc Description
2096259	APD ORIGINAL	LF@2421556 2096259
2096261	WELL LOCATION PLAT	LF@2421557 2096261
2096262	TOPO MAP	LF@2421558 2096262
2096263	MINERAL LEASE MAP	LF@2421666 2096263
2096264	SURFACE AGRMT/SURETY	LF@2421559 2096264
2096265	30 DAY NOTICE LETTER	LF@2421560 2096265
2096266	DEVIATED DRILLING PLAN	LF@2421561 2096266
2096267	PROPOSED SPACING UNIT	LF@2421672 2096267
400042486	FORM 2 SUBMITTED	LF@2427969 400042486

Total Attach: 9 Files