

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:
1697673
Plugging Bond Surety
20040050

3. Name of Operator: JETTA OPERATING COMPANY INC 4. COGCC Operator Number: 44645

5. Address: 777 TAYLOR ST STE PI-D
City: FT WORTH State: TX Zip: 76102

6. Contact Name: TERRY L. HOFFMAN Phone: (303)250-0619 Fax: (303)412-8212
Email: TLHOFFMAN@Q.COM

7. Well Name: ANITA WITCHER Well Number: 1

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

9. Proposed Total Measured Depth: 6000

WELL LOCATION INFORMATION

10. QtrQtr: NENW Sec: 11 Twp: 35S Rng: 43W Meridian: 6
Latitude: 37.016470 Longitude: -102.246170

Footage at Surface: 660 FNL/FSL FNL 2100 FEL/FWL FWL

11. Field Name: WILDCAT Field Number: 99999

12. Ground Elevation: 3670 13. County: BACA

14. GPS Data:

Date of Measurement: 02/24/2010 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 _____ 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: 732 ft

18. Distance to nearest property line: 1320 ft 19. Distance to nearest well permitted/completed in the same formation: 6864 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.)
KEYES	KEYES			
MORROW	MRRW			

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

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):
SECTION 2-T34S-R43W: S2S/2; SECTION 11-T34S-R43W: N2N2

25. Distance to Nearest Mineral Lease Line: 660 ft 26. Total Acres in Lease: 320

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
CONDUCTOR	20	16	65	60		60	0
SURF	12+1/4	8+5/8	24	1,000	492	1,000	0
1ST	7+7/8	5+1/2	15.5	6,000	237	6,000	4,500

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: TERRY L. HOFFMAN

Title: PERMITTING Date: 3/19/2010 Email: TLHOFFMAN@Q.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: 4/21/2010

Permit Number: _____ Expiration Date: 4/20/2012

API NUMBER
05 009 06668 00

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 Craig Quint at 719-767-8939 or e-mail at craig.quint@state.co.us 2) If production casing is set provide cement coverage to at least 200' above shallowest completed interval. Run CBL to verify all cemented intervals. 3) If well is a dry hole set plugs at the following depths: 40 sks cement +/-50' above the Morrow, 40 sks cement above any DST w/ hydrocarbon show, 40 sks cement from 50' below surface casing shoe up into surface casing, 15 sks cement at top of surface csg, cut off 4 ft below GL, weld on plate, 5 sks cement in rat hole and mouse hole.

Attachment Check List

Att Doc Num	Name	Doc Description
1697673	APD ORIGINAL	LF@2440539 1697673
1697674	WELL LOCATION PLAT	LF@2440540 1697674
1697675	TOPO MAP	LF@2440637 1697675
1697676	SURFACE AGRMT/SURETY	LF@2440541 1697676
1697677	WAIVERS	LF@2441051 1697677
1697678	30 DAY NOTICE LETTER	LF@2440542 1697678
2110264	SURFACE CASING CHECK	LF@2451474 2110264

Total Attach: 7 Files