

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:

400057952

Plugging Bond Surety

20100004

3. Name of Operator: WELLSTAR CORPORATION 4. COGCC Operator Number: 952455. Address: 11990 GRANT ST STE 550City: NORTHGLENN State: CO Zip: 802336. Contact Name: Terry Hoffman Phone: (303)250-0619 Fax: (303)412-8212Email: tloffman@q.com7. Well Name: Silver Spur Minerals Well Number: 35-2

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

9. Proposed Total Measured Depth: 9175

WELL LOCATION INFORMATION

10. QtrQtr: NESE Sec: 35 Twp: 8N Rng: 78W Meridian: 6Latitude: 40.618044 Longitude: -106.105967Footage at Surface: 1996 FNL/FSL FSL 655 FEL/FWL FEL11. Field Name: Wildcat Field Number: 9999912. Ground Elevation: 8534 13. County: JACKSON

14. GPS Data:

Date of Measurement: 12/10/2008 PDOP Reading: 2.5 Instrument Operator's Name: Paul Hawkes15. 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 No17. Distance to the nearest building, public road, above ground utility or railroad: 424 ft18. Distance to nearest property line: 655 ft 19. Distance to nearest well permitted/completed in the same formation: 2 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.)
Frontier	FRTR			
Niobrara	NBRR			

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):
See attached Lease Description

25. Distance to Nearest Mineral Lease Line: 655 ft 26. Total Acres in Lease: 4720

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	42	60	108	60	0
SURF	12+1/4	9+5/8	36	950	450	950	0
1ST	8+3/4	7	26	8,640	350	8,640	7,140
1ST LINER	6	4+1/2	11.6	9,175	45	9,175	8,640

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

33. Comments All info remains the same as the APD was originally approved except TD increased, csg depths & cement design changed & revised distance to nearest road. Location, pit, property access road have not been constructed. This is the "pilot" hole; if unproductive, will drill horizontal. Distance to nearest public road is 424' (Hwy 14).

34. Location ID: 414031

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: Permit Agent Date: _____ 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: _____ Director of COGCC Date: _____

Permit Number: _____ Expiration Date: _____

API NUMBER

05 057 06490 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.

Attachment Check List

Att Doc Num	Name	Doc Description
400057965	30 DAY NOTICE LETTER	30 Day Notice Letter 4_10 for Refile.pdf
400057972	LEGAL/LEASE DESCRIPTION	SSM 35-2 Lease Description.pdf

Total Attach: 2 Files