

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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Document Number:

400057954

Plugging Bond Surety

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

3. Name of Operator: FRAM OPERATING LLC 4. COGCC Operator Number: 10310

5. Address: 30 E PIKES PEAK AVE STE 283
City: COLORADO SPRINGS State: CO Zip: 80903

6. Contact Name: David Cook Phone: (719)593-8787 Fax: (719)314-1362
Email: dave@framamericas.com

7. Well Name: Eberly Well Number: 23-4-M

8. Unit Name (if appl): BLM WW Unit Unit Number: 73038X

9. Proposed Total Measured Depth: 3786

WELL LOCATION INFORMATION

10. QtrQtr: SENE Sec: 23 Twp: 2S Rng: 2E Meridian: U
Latitude: 38.970860 Longitude: -108.332400

Footage at Surface: 1921 ^{FNL/FSL} FNL 680 ^{FEL/FWL} FEL

11. Field Name: Whitewater Field Number: 92840

12. Ground Elevation: 5556 13. County: MESA

14. GPS Data:

Date of Measurement: 01/24/2005 PDOP Reading: 6.0 Instrument Operator's Name: Jeff Fletcher

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

Footage at Top of Prod Zone: ^{FNL/FSL} 2206 FNL 662 FEL ^{FEL/FWL} 1539 FSL 569 FEL
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: 550 ft

18. Distance to nearest property line: 680 ft 19. Distance to nearest well permitted/completed in the same formation: 25 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.)
Dakota	DKTA			

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):
On file with previous permit.

25. Distance to Nearest Mineral Lease Line: 569 ft 26. Total Acres in Lease: 2013

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: Drilled with air dry cuttings

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	11+0/0	8+5/8	24#	470	300	470	
2ND	7+7/8	5+1/2	14#	2,250	500	2,250	510
OPEN HOLE	4+7/8		NA	3,786			

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

33. Comments Pad is built. No changes have been made to the surface use or visible improvements within 400' since the last permit was issued. 318B Location Exception Included.

34. Location ID: 334484

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: David Cook

Title: Manager Date: _____ Email: dave@framamericas.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	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
400057960	OTHER	30 Day Notice, 306 Consult & 318B's.pdf

Total Attach: 1 Files