

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:

400058256

Plugging Bond Surety

20060021

3. Name of Operator: ROSETTA RESOURCES OPERATING LP 4. COGCC Operator Number: 101595. Address: 717 TEXAS STE 2800City: HOUSTON State: TX Zip: 770026. Contact Name: SHAWN HILDRETH Phone: (713)335-4104 Fax: (281)763-2320Email: SHAWN.HILDRETH@ROSETTARESOURCE.COM7. Well Name: KGA Well Number: 17-07

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

9. Proposed Total Measured Depth: 2499

## WELL LOCATION INFORMATION

10. QtrQtr: SWNE Sec: 17 Twp: 3N Rng: 45W Meridian: 6Latitude: 40.228860 Longitude: -102.424380Footage at Surface: 2606 FNL/FSL FNL 2504 FEL/FWL FEL11. Field Name: ECKLEY Field Number: 1941512. Ground Elevation: 3861 13. County: YUMA

## 14. GPS Data:

Date of Measurement: 11/06/2009 PDOP Reading: 2.3 Instrument Operator's Name: CHRIS PEARSON15. 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: 1645 ft18. Distance to nearest property line: 1320 ft 19. Distance to nearest well permitted/completed in the same formation: 780 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	NBRR	353-4	160	NE4

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):  
TOWNSHIP 3 NORTH, RANGE 45 WEST, SEC. 17: NE/4, N2SE/4, SW/4 NW/4, N/2SW/4, SE/4SW/4

25. Distance to Nearest Mineral Lease Line: 126 ft 26. Total Acres in Lease: 400

### 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	9+7/8	7	17	400	180	400	0
1ST	6+1/8	4+1/2	10.5	2,499	90	2,499	2,099

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

33. Comments NO CONDUCTOR CASING WILL BE USED.

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: SHAWN HILDRETH

Title: REGULATORY ANALYST Date: \_\_\_\_\_ Email: SHAWN.HILDRETH@ROSETT

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: \_\_\_\_\_

<b>API NUMBER</b>	Permit Number: _____	Expiration Date: _____
05	<b>CONDITIONS OF APPROVAL, IF ANY:</b>	

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
400058316	WELL LOCATION PLAT	KGA 17-07 Well Location Certificate.pdf
400058326	TOPO MAP	KGA 17-07 Topographic Map.pdf
400058329	30 DAY NOTICE LETTER	Surface Owner Notification.pdf
400058357	EXCEPTION LOC WAIVERS	Exception Location Waiver- KGA 17-07.pdf
400058358	EXCEPTION LOC REQUEST	Exception Location Request- KGA 17-07.pdf

Total Attach: 5 Files