

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:
1692821
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: STATE Well Number: 11-14

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

9. Proposed Total Measured Depth: 7400

WELL LOCATION INFORMATION

10. QtrQtr: NESW Sec: 14 Twp: 4S Rng: 62W Meridian: 6

Latitude: 39.700570 Longitude: -104.296040

Footage at Surface: 1959 FNL/FSL FSL 1959 FEL/FWL FWL

11. Field Name: BYERS Field Number: 9550

12. Ground Elevation: 5471 13. County: ARAPAHOE

14. GPS Data:

Date of Measurement: 04/09/2009 PDOP Reading: 6.0 Instrument Operator's Name: KIPPER GOLDSBERRY

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: 2844 ft

18. Distance to nearest property line: 1959 ft 19. Distance to nearest well permitted/completed in the same formation: 1281 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.)
J-SAND	JSND		40	NESW

21. Mineral Ownership: Fee State Federal Indian Lease #: 3810/78

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):
ALL OF SECTION 14-T4S-R62W

25. Distance to Nearest Mineral Lease Line: 1959 ft 26. Total Acres in Lease: 640

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	560	240	560	0
1ST	7+7/8	4+1/2	11.5	7,400	225	7,400	
			Stage Tool	1,350	195	1,350	510

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

33. Comments NO CONDUCTOR CASING WILL BE USED, CONSULTATION WITH SURFACE OWNER ON 09/23/09.

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: SHERRY GLASS

Title: ENGINEERING Date: 10/29/2009 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: 12/4/2009

Permit Number: _____ Expiration Date: 12/3/2011

API NUMBER
05 005 07153 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.

NOTE SURFACE CASING SETTING DEPTH CHANGE FROM 225' TO 560'. INCREASE CEMENT COVERAGE ACCORDINGLY. 1) PROVIDE 24 HOUR NOTICE OF MIRU TO JIM PRECUP AT 303-469-1902 OR E-MAIL AT JAMES.PRECUP@ STATE.CO.US @STATE.CO.US. 2) SET SURFACE CASING PER RULE 317A, CEMENT TO SURFACE, AND STAGE CEMENT FROM 1350' TO 50' ABOVE THE SURFACE CASING SHOE, VERIFY COVERAGE WITH CBL. 3) IF COMPLETED PROVIDE CEMENT COVERAGE FROM TD TO A MINIMUM OF 200' ABOVE NIOBRARA. VERIFY COVERAGE WITH CEMENT BOND LOG. 4) IF DRY HOLE, SET 60 SACKS CEMENT FROM 50' BELOW D SAND BASE TO 100' ABOVE D SAND TOP, 40 SKS CMT 50' ABOVE NIOBRARA TOP, 40 SKS CMT FROM 1350' UP, 40 SKS CMT FROM 900' UP, 50 SKS CMT ½ OUT, ½ IN SURFACE CASING, 10 SKS CMT AT TOP OF SURFACE CASING, CUT 4' BELOW GL, WELD ON PLATE, 5 SKS CMT IN RAT HOLE 5 SKS CMT IN MOUSE HOLE.

Attachment Check List

Att Doc Num	Name	Doc Description
1692832	WELL LOCATION PLAT	LF@2169337 1692832
1692833	TOPO MAP	LF@2169338 1692833
1692834	MINERAL LEASE MAP	LF@2169230 1692834
1692835	30 DAY NOTICE LETTER	LF@2169339 1692835
2109189	SURFACE CASING CHECK	LF@2188871 2109189.00000
400012423	FORM 2 SUBMITTED	LF@2176838 400012423
400021885	APD ORIGINAL	LF@2169336 400021885

Total Attach: 7 Files