

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:
2095370
Plugging Bond Surety
20100004

3. Name of Operator: WELLSTAR CORPORATION 4. COGCC Operator Number: 95245

5. Address: 11990 GRANT ST STE 550
City: NORTHGLENN State: CO Zip: 80233

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

7. Well Name: FEDERAL Well Number: 9-1

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

9. Proposed Total Measured Depth: 8100

WELL LOCATION INFORMATION

10. QtrQtr: SWNE Sec: 9 Twp: 8N Rng: 78W Meridian: 6
Latitude: 40.680322 Longitude: -106.148361

Footage at Surface: 2056 FNL/FSL FNL 2026 FEL/FWL FEL

11. Field Name: WILDCAT Field Number: 99999

12. Ground Elevation: 8416.1 13. County: JACKSON

14. GPS Data:

Date of Measurement: 07/18/2008 PDOP Reading: 2.0 Instrument Operator's Name: SCOTT VERNON

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: 550 ft

18. Distance to nearest property line: 3385 ft 19. Distance to nearest well permitted/completed in the same formation: 5280 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 #: COC 062573

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):
 T8N R78W: SEC 9 - ALL, SEC 10- ALL, SEC 11 - W/2NW, SW/4

25. Distance to Nearest Mineral Lease Line: 2056 ft 26. Total Acres in Lease: 1520

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	7	60	0
SURF	12+1/4	9+5/8	36	825	365	825	0
1ST	8+3/4	7	26	7,180	130	7,180	5,680
1ST LINER	6	4+1/2	11.6	8,100	65	8,100	7,030

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

33. Comments ALL CONDITIONS ARE THE SAME AS WHEN THE APD WAS ORIGINALLY APPROVED

34. Location ID: 324762

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: 1/28/2010 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: 3/19/2010

API NUMBER
05 057 06477 00

Permit Number: _____ Expiration Date: 3/17/2012

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)24 HOUR SPUD NOTICE REQUIRED. E-MAIL: Shaun.Kellerby@state.co.us 2)CEMENT TOP VERIFICATION BY CBL REQUIRED. 3)THE PROPOSED SURFACE CASING IS MORE THAN 50' BELOW THE DEPTH OF THE DEEPEST WATER WELL WITHIN 1MILE OF THE SURFACE LOCATION WHEN CORRECTED FOR ELEVATION DIFFERENCES. THE DEEPEST WATER WELL WITHIN 1 MILE IS 200 FEET DEEP.

Attachment Check List

Att Doc Num	Name	Doc Description
400039020	FORM 2 SUBMITTED	LF@2418721 400039020
400050350	APD ORIGINAL	LF@2221999 400050350

Total Attach: 2 Files